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Thursday, April 2, 1964
Chaitra 13, 1886 (Saka)

# LOK SABHA DEBATES

**Seventh Session**
**(Third Lok Sabha)**

**LOK SABHA SECRETARIAT**

**New Delhi**

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*The sign + marked above the name of a Member indicates that the Questic was actually asked on the floor of the House by that Member.

## LOK SABHA

*Thursday, April 2, 1964/Chaitra 13, 1886 (Saka).*

*The Lok Sabha met at Eleven of the Clock.*

[MR. SPEAKER *in the Chair*]

## ORAL ANSWERS TO QUESTIONS

### Idikki Hydel Project

*866. **Shri P. R. Chakraverti:** Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether Canada has decided to contribute foreign exchange towards machinery for the Idikki hydel project under the Colombo Plan;

(b) what will be the total financial outlay of the project and the proportion of the same to be met by Canada;

(c) how many generators are to be installed and of what production capacity; and

(d) by which period the project will start producing electricity?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) This Project has been posed for Canadian assistance under Colombo Plan. An allocation of $0.2 million had been made under the 1962-63 programme for investigation and survey.

(b) The total outlay for the First stage (5 X 100 MW) is estimated to be Rs. 51 crores. The estimate of the Second stage will be about Rs. 9 crores. The amount of Canadian assistance will depend on the scope of equipment to be imported from Canada *vis-a-vis* indigenous availability.

(c) First Stage: 5 X 100 MW
Second Stage: 3 X 100 MW

(d) First stage will be completed by 1969 and the Second stage in about 3 years from the date of authorisation.

**Shri P. R. Chakraverti:** May I know whether the engineers from Canada will work in collaboration with the Indian engineers also?

**Dr. K. L. Rao:** Yes.

**Shri P. R. Chakraverti:** May I know whether we have explored the possibility of industrial development with the materials which will be produced in that place?

**Dr. K. L. Rao:** Quite so. The power will be made available for industrialisation in Kerala.

**Shri Basappa:** The hon. Minister had stated that the first unit would come into commission by 1969-70. May I know why such a big delay should be there and why it should not be completed earlier?

**Dr. K. L. Rao:** The Idikki project is a very big project consisting of two dams and the construction of a very large reservoir, with an expenditure of the order of about Rs. 51 crores in all. Naturally, it will take at least that much time.

**Shri Sham Lal Saraf:** While setting up these multipurpose projects, more particularly the power projects, what precautions are being taken to stop the repetition of the things which occurred last time with regard to the Japanese generating sets in Delhi?

**Dr. K. L. Rao:** My hon. friend is referring to the generating sets in Delhi. The defect there was just an accident. The responsibility for the erection will rest with the manufacturers and we do not have much of a trouble in that respect except now and then. But every precaution will be taken to see that hereafter stricter control will be maintained during the testing and later before the commercial operation starts.

**Shri Vishram Prasad:** May I know how much percentage of this electricity will be provided for rural electrification and industrialisation?

**Dr. K. L. Rao:** All the requirements of rural electrification will be met.

**श्री ओंकार लाल बेरवा :** मैं जानना चाहूंगा कि इस प्रोजेक्ट में कनाडा जो मदद दे रहा है क्या इसके साथ कोई शर्त है ?

**Mr. Speaker:** On what conditions is Canada giving this assistance?

**Dr. K. L. Rao:** There are no conditions; it is just aid by way of loan to the State. There are no particular conditions except the conditions under which the Canadian aid is given.

**Hirakud Dam Project**

*867. **Shri G. Mohanty:** Will the Minister of **Irrigation and Power** be pleased to state:

(a) the terms on which the Government of India transferred the administration of the Hirakud Dam Project to the control of the State Government; and

(b) whether the terms and conditions of service of the skilled and unskilled labour laid down in the Government Gazette notification (Finance Ministry) of 12th August, 1960 were to be observed by the State Government?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) and (b). A statement is laid on the Table of the House. [*Placed in Library. See* No. LT-2623/64].

**Shri G. Mohanty:** Is it a fact that in the Hirakud Dam Project, the skilled and unskilled workmen recruited on Central terms and conditions of service are now compelled to accept the terms and conditions of service of the Orissa State?

**Dr. K. L. Rao:** The project was transferred on 1st April, 1960, as mentioned in the statement. After that, naturally the conditions of service should be those prevailing in the Orissa State.

**Shri G. Mohanty:** How are those who are being retrenched proposed to be employed?

**Dr. K. L. Rao:** As is evident, always in these projects, a very large number of staff is employed by way of work-charged establishment and muster roll during construction. When construction is completed, naturally the staff has to be retrenched. In this case, Orissa Government have taken every care to see that the least hardship was caused. I understand that the Orissa Government has offered alternative employment to the people who were affected by the retrenchment.

**श्री अचल सिंह :** क्या मंत्री महोदय बतायेंगे कि क्या कारण है जिस की वजह से हीराकुड प्रोजेक्ट करोड़ों रुपये के नुकसान से चल रहा है ?

**Mr. Speaker:** Why is it that it is running at a loss?

**Dr. K. L. Rao:** I do not exactly understand the purport of the question. It is not running at a loss really, because in spite of the high initial capital, the per kilowatt cost of production is still low as compared to other places in the country. It is only of the order of 2-3 nP.

**Shri A. P. Sharma:** How many of the staff have been retrenched and

how many suitably employed alternatively?

**Dr. K. L. Rao**: On the date of transfer, notice was for 413 quasi-permanent employees and 276 temporary employees. All of them were offered alternative jobs by the Orissa Government. As to how many took advantage of the offer, I do not have the statistics with me.

**Rural Water Supply**

*868. **Shri Harish Chandra Mathur**: Will the Minister of **Health** be pleased to state:

(a) which of the States are worst effected in respect of drinking water supply in rural areas;

(b) what are the problems of eacn State and what special steps are being taken in matter of each; and

(c) what additional funds have been allocated and steps taken in view of the special recommendation of National Development Council meeting held at New Delhi in November, 1963?

**The Deputy Minister in the Ministry of Health (Dr. D. S. Raju)**: (a) to (c). A statement containing the required information is laid on the Table of the House. [*Placed in Library. See* No. LT-2624/64].

**Shri Harish Chandra Mathur**: As against the requirement of about Rs. 300 crores for rural water supply envisaged by a thorough investigation, a very inadequate provision of Rs. 67 crores was made. Even in that, there is a shortfall in all the spheres, more particularly in local development works where no particular skill and material are required. Hardly 32 per cent has been spent. Will the Minister explain the position?

**The Minister of Health (Dr. Sushila Nayar)**: What the hon. Member has said is correct to the extent that the most inadequate provision of Rs. 67 crores may not be fully utilised by the end of the Third Plan, unless something is done to speed up the work. For that we had appointed a Drinking Water Board which has gone round and studied the problem and submitted its report making certain recommendations for bringing together the different agencies which are operating this scheme. It has recommended that the local development works provision and the Health Ministry's provision be pooled together and executed under technical supervision.

The Co-ordination Committee has been reorganised with Prof. Thacker, Planning Commission Member, as its chairman, and it is hoped that this Co-ordination Committee will be able to sort out some of the difficulties and remove bottlenecks.

**Shri Harish Chandra Mathur**: With particular reference to Rajasthan, may I invite the attention of the hon. Minister to a d.o. letter written by the Chief Minister as far back as October 1962 saying that he was in a position to utilise at least Rs. 3 crores annually because he has the staff, the organisation and equipment and he had also had investigation conducted? In spite of this, hardly Rs. 1 crore has been spent during all these three years, his demand being Rs. 3 crores a year. On the one hand, there is shortfall. We have asked for more provision. On the other, even what is provided for is not being utilised. Here is the Chief Minister of Rajasthan asking for this fund and he says he has got the equipment and everything ready. How does the hon. Minister explain this?

**Dr. Sushila Nayar**: The Chief Minister of Rajasthan has not used even a fraction of the Rs. 2 crores that is within his own ceiling. I do not see how I can go to the Planning Commission or the Finance Ministry and ask for more funds for Rajasthan until and unless they use what is within their own plan ceiling.

**Shri Harish Chandra Mathur**: It is the Planning Commission which has

cut it down. There is no use blaming Rajasthan.

**श्री जगदेव सिंह सिद्धान्ती** : सालावासनाहड़ के इलाक़े, गुड़गांवां जिले की रिवाड़ी तहसील, जिला महेन्द्रगढ़ के इलाक़े में पीने तक का पानी खारा है . . .

**अध्यक्ष महोदय** : आप स्टेट से जिले और जिले से तहसील और गांवों पर आ रहे हैं . . .

**श्री जगदेव सिंह सिद्धान्ती** : अध्यक्ष महोदय, यह बड़ा महत्वपूर्ण सवाल है . . .

**अध्यक्ष महोदय** : सेंटर में इतने तफ़सील में सवाल नहीं पूछे जा सकते ।

**श्री जगदेव सिंह सिद्धान्ती** : पंजाब के उस भाग में जहां कि पीने का पानी खारी है उसके लिए आपने क्या उपाय सोचा है ?

**डा० सुशीला नायर** : श्रीमन, तीसरी पंचवर्षीय योजना में जो रुपया देहातों में अच्छे और शुद्ध पानी देने के लिए रखा गया है उसका ठीक इस्तेमाल नहीं हो रहा है । इसके बारे में मैं ने सब चीफ़ मिनिस्टर्स को और हेल्थ मिनिस्टर्स को पत्र लिखा है और उन से प्रार्थना की है कि वह इस काम को ज़रा तेज़ी के साथ चलायें ।

**Shri P. Venkatasubbaiah:** Is it not a fact that in vast tracts of Andhra Pradesh there is great scarcity of drinking water? What arrangements do Government propose to make to introduce rural water supply schemes in those areas?

**Dr. Sushila Nayar:** There are scarcity areas practically in all the States—in some, more; in some a little less—and we are trying to emphasize the fact that the needs of the scarcity area should be given top priority. But the schemes have got to be formulated and executed by the State Governments. We can help them, we can guide them, we can advise them, but initiative and the execution rests with them.

**Shri Tyagi:** Has any village-wise census been made or data collected about the villages that suffer from scarcity of water, or is the whole scheme going on theory?

**Dr. Sushila Nayar:** No, Sir. The Ministry of Community Development, which is primarily responsible for the wells in the villages, has got certain data, and we have asked them to analyse that data and give us the exact information as to the number of villages with no wells, those with one, two, three wells etc. They are sorting out the data which is with them.

**श्री बूटा सिंह** : अभी बतलाया गया कि भारतवर्ष के हर प्रदेश में पानी की बहुत कमी है और क़िल्लत है । मंत्री महोदया इस के लिए हर एक प्रदेश के मुख्य मंत्रियों के ऊपर यह जिम्मेदारी दे देती हैं कि उन्होंने फंड्स को युटिलाइज़ नहीं किया तो मैं यह जानना चाहता हूं कि क्या केन्द्रीय सरकार अपनी तरफ़ से कोई ऐसा इन्तज़ाम करने जा रही है ताकि उन इलाक़ों में शुद्ध पीने का पानी लोगों को मिल सके ?

**डा० सुशीला नायर** : जिन इलाक़ों में पीने के पानी की तकलीफ़ रहती थी उन के लिए हम ने दो साल हुए एक स्कीम बनाई थी जिस में हम ने १०० फ़ी सदी मदद देकर स्टेट गवर्नमेंट्स को इनवैस्टिगेशन डिवीजंस क़ायम करने में सहायता दी थी ताकि वह समस्या की स्टडी कर सकें और ज़रूरत के मुताबिक़ इन्जैक्ट स्कीम्स और प्लांस बना सकें । जितना पैसा दिया है अगर वह खर्च हो जायेगा तो हम और रुपये के लिए फ़ाइनेंस मिनिस्टर से और मांगने की कोशिश करेंगे ।

**श्रीमती जमुना देवी** : ग्रामीण क्षेत्रों में जो जल योजनाएं हैं वह रक़म के अभाव में पूरी नहीं हो पा रही हैं या मध्य प्रदेश शासन उन को पूरा नहीं कर रहा है और इस दिशा में जो असफलता हो रही है उसका क्या कारण है ?

**डा० सुशीला नायर** : अब यह तो ठीक से बतलाना जरा हमारे लिए कठिन है । जो-जो योजनाएं स्टेट्स से हमारे पास आती हैं उनको हम देखते हैं और उन में जो भी कमी या त्रुटि होती है उसको पूरा करने और उसमें सुधार करने के लिए हमारे टैकनिकल ऐडवाइजर्स स्थल पर जाकर मदद करते हैं ताकि वह योजना ठीक से बने लेकिन यह योजनाएं बनाने का इनिशियेटिव तो स्टेट गवर्नमेंट्स से ही आना चाहिए ।

**Some Hon. Members** *rose*—

**Mr. Speaker:** We are having these Demands discussed today. There are about two dozen hon. Members rising in their seats.

**श्री बागड़ी**. अध्यक्ष महोदय, यह बड़ा महत्वपूर्ण सवाल है । यह लोगों के पीने के पानी का प्रबन्ध करने का सवाल है । यह पानी मुहय्या करने की स्कीमें महज कागजों पर ही रहती हैं और वह अमल में नहीं आती हैं । प्रताप वाटर सप्लाई स्कीम जोकि पीने के पानी की थी और जोकि भिवानी में की जानी थी अभी तक भी शुरू नहीं की गई है । हमारे यहां पीने के पानी का अकाल पड़ा हुआ है; लोगों को पीने का पानी मिल नहीं रहा है । इसलिए सदन् में इस पर अधिक देर तक चर्चा चलने दी जाय ।

**अध्यक्ष महोदय** : माननीय सदस्य का सवाल तो हो चुका ।

**श्री काशी राम गुप्त** : अब सब लोगों को तो हैल्थ मिनिस्टरी की डिमांड्स पर आज बोलने का अवसर मिल नहीं पायेगा इसलिए जिन्हें बोलने का मौका नहीं मिलने वाला है उन को अपने सवालात पूछने की इजाजत दी जाय ।

**अध्यक्ष महोदय** : हैल्थ मिनिस्टरी की डिमांड्स पर बहस समाप्त हो जाने दीजिये । अगर उसके बाद भी इस मामले में माननीय सदस्य कोई अलग से और बहस चाहें तो वे इसके लिए अलग कार्यवाही करें, नोटिस दें । लेकिन आप ही समझिये कि २४, २५ मेम्बरों को मैं कैसे सवाल पूछने की इजाजत दे सकता हूं । पूरे क्वैश्चन आवर में भी शायद यह मुमकिन न हो पायेगा ।

**श्री ओंकार लाल बेरवा** . यह राजस्थान का सवाल है इसलिए इस में कम से कम राजस्थान वालों को तो सवाल पूछने का मौका जरूर दिया जाना चाहिए ।

**D.V.C.**

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*869 { **Shri Mohammad Elias:** / **Shri S. M. Banerjee:** / **Shri Dinen Bhattacharya:**

Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether certain decisions were taken between the participants of the Damodar Valley Corporation about future power supply activity of the Corporation;

(b) the future power requirements in the Damodar Valley area during the Fourth Five Year Plan, which the Damodar Valley Corporation has to meet as per the Act, and whether capacity sanctioned so far for the Damodar Valley Corporation could meet the same; and

(c) the steps taken to meet the difference in case sanctioned capacities are inadequate?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) Yes, Sir.

(b) The power requirements in the Damodar Valley area by the end of the 4th Plan have been assumed at 843 MW. The firm capacity of the Damodar Valley Corporation system with the sanctioned installations would be enough to meet this demand, provided Damodar Valley Corporation confines itself in future to meet only the loads in the Valley and gradually withdraws from its commitments outside the Valley.

(c) Does not arise.

**Shri Mohammad Elias:** May I know how this power in the Fourth Plan will be divided between the Governments of Bihar and West Bengal?

**Dr. K. L. Rao:** Each will receive 50 per cent.

**Shri Mohammad Elias:** Has the Government invited any international tender for the installation of the power plants during the Fourth Plan and, if so, which country has offered?

**Dr. K. L. Rao:** No such commitment has been made so far.

**Dr. Ranen Sen:** Is it a fact that the West Bengal Government wanted help from the Damodar Valley Corporation to install a further electric generating station in that area under the control of the State Government?

**Dr. K. L. Rao:** Yes, Sir; West Bengal Government wanted to develop power inside the valley on their own.

**Shri S. M. Banerjee:** May I know whether this allocation of 50 per cent to each State is simply on the basis of equity or on the basis of their requirements and whether the hon. Minister is aware that the industrial expansion in West Bengal is suffering a lot because of the non-availability of electricity and, if so, what steps have been taken?

**Dr. K. L. Rao:** The proposals are consistent with the understanding. It just happens that the load requirements are nearly equal in both areas and, therefore, 50 per cent is quite justified. With regard to the further question about the electricity demand in that region, we are starting so many units now that by the end of the Third Plan we expect a surplus in that area.

**Shri C. K. Bhattacharyya:** Is it the information of the hon. Minister that one of the local, electric trains that run from Howrah could not run because of the lack or failure of power supply?

**Dr. K. L. Rao:** Quite so. It has been brought to our notice that the railways have suffered on account of the failure but that must have been due to some temporary failure of the line.

**Shri P. R. Chakraverti:** Is it a fact that the original idea of setting up the DVC was the integrated development process and, if so, how far this division of the work will help that integrated development?

**Dr. K. L. Rao:** Integration will still be there because on the power side we will be having a combined development of power within the Damodar Valley area. It is only the irrigation part that is being transferred to West Bengal on a permanent basis from yesterday.

**Shri Sham Lal Saraf:** After these decisions have been arrived at between the participating States, has any departure been made from the original plan about the generation of power and supply of water for irrigation and, if so, how will it affect the programmes in the Third and the Fourth Plans?

**Dr. K. L. Rao:** No particular departure has been made. The area thought of for being irrigated has actually increased as a result of detailed investigations and implementation. Power which is generated at present is more than what was expected at the time of the initial programming.

**Shri Prabhat Kar:** The hon. Minister stated that the Central Government has received a request from the West Bengal Government for the installation of additional plant in that area. May I know the reaction of the Government?

**Dr. K. L. Rao:** The project report is still awaited from the West Bengal Government.

**Public Premises Act, 1958**

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*870. **Shri Yashpal Singh:**
**Shri Kapur Singh:**
**Shri Gulshan:**
**Shrimati Shashank Manjari:**

Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) whether the Public Premises (Eviction of Unauthorised Occupants) Act, 1958 is being applied by Government to the perpetual land lease holders; and

(b) if so, in how many cases the same has been applied and how much money has been recovered on the threat of re-entry and damages without adjudication in a Civil Court?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) Yes.

(b) Proceedings under the Act were started in 32 cases.

As a result of compromises sought by the lessees, an amount of Rs. 82,754.37 nP. (including arrears of ground rent) has been realised in respect of 21 leases.

**श्री यशपाल सिंह** : ये जो मकानात बनचके हैं, इनके बारे में सरकार की क्या पालिसी है ? क्या सरकार इन को रेकगनाइज करेगी या इन को मसमार कर के नयेंतरीक़े से बनायेगी ?

**श्री मेहर चन्द खन्ना** : इस का मकानों से कोई ताल्लूक़ नहीं है । सरकार ने जमीनें लीज पर दी हैं । और लीज किस्म किस्म के हैं, जिन में चन्द एक शर्तें होती हैं । अगर एक लैसी किसी शर्त को तोड़ता है, या कोई मुखालफ़त करता है, या कोई ऐसी चीजें करता है, तो लैंड एंड डेवलपमेंट आफ़िसर उस केस को देखता है । अगर काम्प्रोमाइस हो सके, तो कम्पाउंड कर लेता है पैसा ले कर ।

**श्री यशपाल सिंह** : जो सौ-साला लीज हैं, जो दवामी पट्टे हैं, क्या उन पर भी यह कानून लागू होता है ?

**श्री मेहर चन्द खन्ना** : मैं ने अर्ज किया है कि होता है । ये जमीनें सौ साल पहले दी गई—तकरीबन मुफ्त, बहुत थोड़ी कीमत पर, दी गईं । दिल्ली में अगर कोई उस का नाजायज फ़ायदा उठाना चाहता है, तो सरकार को देखना पड़ेगा ।

**Shri Kapur Singh:** May I know why the Government insists on retaining this coercive power against the citizens in civil disputes of this nature?

**Shri Mehr Chand Khanna:** It is not a coercive power against the citizens, but if they indulge in breaches and go against any terms of the lease, action has to be taken. If there are certain betterment charges to be taken by the Government in regard to the lease, it is not coercive. It is our right.

**Shri Kapur Singh:** Why should they not go to the court of law as ordinary litigants?

**Mr. Speaker:** There is a law passed by this Parliament.

**Shri Kapur Singh:** Why do they insist on retaining this power now when it is found to be coercive?

**Mr. Speaker:** Order, order. Shri Onkar Lal Berwa.

**श्री ओंकार लाल बेरवा** : जो जमीन सरकार ने अपने कब्जे में ली है, उसके ऊपर ब्लैक कर के बोली लगाई जाती है, डिपार्टमैंट की तरफ़ से आदमी खड़े कर दिये जाते हैं, जो कि बोली बढ़ाते रहते हैं और आखिर में अपने मिलने वालों पर बोली समाप्त कर दी जाती है । क्या यह सत्य है कि इस में गरीब आदमियों को चांस नहीं मिलता है ?

**श्री मेहर चन्द खन्ना** : यह सवाल कुछ और है ।

**श्री ओंकार लाल बेरवा** : यही सवाल है ।

**श्री बृजराज सिंह** : क्या यह बात सच है?

**श्री मेहर चन्द खन्ना** : क्या सच है ?

**श्री ओंकार लाल बेरवा** : क्या यह बात सच है कि जमीन पट्टे पर नहीं दी जाती है और ब्लैक कर के नीलाम में बेची जाती है ?

**श्री मेहर चन्द खन्ना** : ये जमीनें पहले दिल्ली में लोगों को मकान बनाने के लिए दी गई । जैसा कि मैंने कहा है, अगर कोई लीज की टर्म्ज को तोड़ता है, उनकी मुखालफत करता है, तो सरकार ने उस पर कार्यवाही करनी है । जहां तक हमारा जमीनें बेचने का ताल्लुक है, माननीय सदस्य ने जो तरीका बताया है, वह अभी तक तो मेरे ख्याल में नहीं आया था और आगे भी मैं उसको सोचना भी नहीं चाहता हूं ।

**Samadhi at Rajghat**

*871. **Shri D. C. Sharma:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) the up-to-date progress made in the construction work at the Samadhi of Mahatma Gandhi at Rajghat;

(b) the expenditure incurred so far; and

(c) the time by which it is likely to be completed?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) Work has been completed on the main Samadhi, including the courtyard, the marble barriers and the surrounding earthen mound. Work on the development of the land around with gardens, artificial canals, etc., is in progress.

(b) Rs. 34 lakhs.

(c) Some time next year.

**Shri D. C. Sharma:** May I know how long this work around the Samadhi, with the artificial canal, etc. will take for completion?

**Shri Mehr Chand Khanna:** I have said that we hope to complete this work sometime next year.

**Shri D. C. Sharma:** What arrangement will be made for the recurring expenditure that will be incurred on the upkeep and maintenance of the Samadhi and has any outlay been made for that?

**Shri Mehr Chand Khanna:** The recurring expenditure is paid by the Government of India. There is a Rajghat Samadhi Committee which has been set up. There are certain Members of Parliament from both the Houses also represented on that committee, and the whole matter is looked into. They formulate the budget and that budget is sent to the Ministry of WH & R; it is looked into and sanctioned.

**Shri D. C. Sharma:** What is going to be the approximate recurring expenditure, the annual recurring expenditure of the Samadhi, when it is completed?

**Shri Mehr Chand Khanna:** No idea; that is a different question.

**श्री राम सहाय पाण्डेय** : समाधि-निर्माण-कार्य के सन्दर्भ में मैं यह जानना चाहता हूं कि क्या मंत्रालय के सम्मुख ऐसा भी कोई सुझाव आया था कि आधुनिक प्रांगण में, जहां बापू की समाधि बनी हुई है, उस झोंपड़ी का भी निर्माण हो, जहां वह रहते थे, ताकि वहां पर जो हजारों दर्शनार्थी और श्रद्धालु आते हैं, वे लाभान्वित हो सकें और जान सकें कि बापू किस प्रकार रहते थे और कैसा सादगी का उनका जीवन था; यदि हां, तो उसके बारे में क्या कार्यवाही हुई है ?

**श्री मेहर चन्द खन्ना** : मैं तो नहीं जानता । समाधि का सवाल दो तीन दफ़ा कैबिनेट के सामने गया और कैबिनेट ने इसको देखा है । कैबिनेट की जूमन्री के मुताबिक हम ने बम्बई का एक आर्किटैक्ट, भुट्टा, मुकर्रर किया

है । वह जैसे हम को राय देते हैं, वैसे हम काम कर रहे हैं ।

**Shri Ranga:** May we have the assurance that since the birth centenary of Mahatma Gandhi comes in 1969, by that time at least Government would be able to complete the execution of the whole of their plan with regard to this samadhi?

**Shri Mehr Chand Khanna:** This work should be completed sometime next year and I shall see that it is done.

**श्री कछवाय** : मैं यह जानना चाहता हूं कि क्या यह समाधि बनाने के लिए विदेश से भी कोई सहायता आई है; अगर हां, तो कितनी ।

**श्री मेहर चन्द खन्ना** : मैं नहीं जानता । हमारे जो एस्टीमेट्स बने हैं, वे फ़िनांस मिनिस्ट्री ने सैंक्शन किये और सी० पी०डब्ल्यू० डी० काम कर रहा है ।

**Shri Kapur Singh:** May I ask whether the Government realise that in view of the extensive dispersals of the mortuary remains of Mahatma Gandhi, the construction in question is not a samadhi but a *stupa* and if so, do Government propose to change its nomenclature from samadhi to *stupa*?

**Mr. Speaker:** He says, because the ashes were dispersed at different places, this cannot be called a samadhi of Mahatma Gandhi and it can only be a *stupa*. He wants to know whether the Government propose to change the nomenclature?

**The Prime Minister and Minister of External Affairs and Minister of Atomic Energy (Shri Jawaharlal Nehru):** I do not understand how this question arises and how it becomes a *stupa* because some ashes were sent to various places. Actually the cremation took place at that spot and therefore it is a samadhi.

**Shri Kapur Singh:** In explanation, Samadhi would be a place where all the mortuary remains of a cremated person are *in situ*?

**Mr. Speaker:** We cannot enter into an argument over that.

**Shri Hem Barua:** Let them have a *stupa* at *Brahma Kund*.

**Mr. Speaker:** What should I do when there are so many scholars?

**Shri Hari Vishnu Kamath:** You are no less.

**श्री स० मो० बनर्जी** : इससे पहले एक सवाल के जवाब में प्रधान मंत्री जी ने कहा था कि जब यह कंस्ट्रक्शन शुरू होगा, तो इस बात की एहतियात रखी जायेगी कि कम से कम यह आर्टिस्टिक हो और यह बिड़ला मन्दिर न बन जाये, और दूसरे, गांधीजी का जो स्वभाव था—वह सादगी के मुजस्समा थे—, उसकी भी झलक इसमें आयेगी । मैं यह जानना चाहता हूं कि क्या यह बात सही नहीं है कि वहां पर फिलहाल जो कंस्ट्रक्शन हुआ है, वह ऐसा मालुम होता है कि गांधी जी की रूह को एक फ़ोर्ट में बन्द कर दिया गया है और इसके बारे में प्रधान मंत्री जी का क्या ख़याल है, क्योंकि उन्होंने इस बारे में वादा किया था ।

**अध्यक्ष महोदय** : माननीय सदस्य इन्फ़र्मेशन लें, ख़याल या ओपीनियन न मांगें । I am not allowing it. Dr. Govind Das.

**Shri S. M. Banerjee:** An assurance was given in the House, Sir.

**डा० गोविन्द दास** : जहां तक समाधि के चारों ओर के मकानात का सम्बन्ध है, क्या वहां पर किसी संस्था की भी स्थापना होगी ? वहां पर चारों तरफ़ जो बाग़ लगाया जा रहा है, उसमें किन विशेषज्ञों की राय ली गई है ?

**श्री मेहर चन्द खन्ना**: जहां तक समाधि का ताल्लुक़ है हमारा इरादा यह है कि समाधि से लेकर किले तक और दूसरी तरफ जो

"सी" पावर स्टेशन है, वहां तक उस तमाम इलाके को स फ रखा जाये, बाग़ लगाये जायें, नहरें बनाई जायें। वहां पर हमारा कुछ बनाने का इरादा नहीं है। गांधी पीस फ़ाउंडेशन का इरादा वहां पर कुछ इमारतें बनाने का था। वह मामला भी देखा गया। वह कैबिनेट के सामने गया और चन्द एक मिनिस्टरों ने देखा। तजवीज यह है कि मैं उनको नजदीक में कोई न कोई अच्छी जगह मिन्टो रोड एरिया में या किसी और एरिया में दे दूंगा। वहां पर कुछ बनाने का इरादा नहीं है।

**Shri C. K. Bhattacharyya:** Will the hon. Minister kindly state why the words *He Ram* have been removed from the top of the Samadhi, on which the Prime Minister himself commented when he last saw the Samadhi?

**Mr. Speaker:** That question was answered last time. Those words have not been removed; they are there.

**Shri C. K. Bhattacharyya:** They are not on the top of the Samadhi; they are on the sides of the Samadhi and not visible.

**Shri Mehr Chand Khanna:** We have got this *Re Ram* inscribed at two places now, one on the Samadhi itself and one at the place where flowers are laid....

**Shri Jawaharlal Nehru:** They are there at both the places; on the top as well as on the sides.

### Delhi 'C' Power Station

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*873. **Shri Hari Vishnu Kamath:**
**Shri Mohammad Elias:**
**Shri Dinen Bhattacharya:**
**Shri S. M. Banerjee:**

Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether the inquiry into the causes of breakdown of the 'C' Power Station of D.E.S.U. has been completed; and

(b) if so, the findings and conclusions thereof?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) and (b). A statement giving the requisite information is laid on the Table of the House.

STATEMENT

The Delhi 'C' Power Station was shut down on the 5th March, 1964 due to certain vibrations which developed on the Turbo-alternator unit. The vibrations were first noticed on 3rd March, 1964. The machine which is still under the period of guarantee has been examined by the engineers of Messrs. Mitsubishi Shoji Kaisha Ltd. of Japan who had supplied and erected this Plant. After inspection of the machine the firm's engineers have expressed that the vibrations were due to slight change in alignment between the turbine and generator. The machine has since been realigned and put back into operation with effect from 24th March, 1964, and the behaviour of the machine is being closely watched. The machine is declared suitable for commercial operation from 1st April, 1964. No definite conclusions as to the cause of the vibrations have been reached as yet and this can be expected only after a few days of operations of the machine under different conditions.

**Shri Hari Vishnu Kamath:** Is it a fact that not a single engineer could be found in the whole country to rectify this defect or fault, and thus foreign technical collaboration has virtually resulted in India's complete dependence on foreign technical know-how and commercial interests; if so, may I know what remedial action is being taken or contemplated to overcome this pathetic backwardness in specialised branches of engineering?

**Dr. K. L. Rao:** It is quite true, in the absence of manufacture in this

country it is indeed difficult to be able to find the reasons for the defect. It is hoped that with indigenous manufacture in the course of the next three or four years we will be able to overcome this defect.

**Shri Hari Vishnu Kamath:** How? By what measures?

**Dr. K. L. Rao:** With the increase of indigenous manufacture it is expected that sufficient knowledge will be gained inside the country to be able to attend to this kind of defect.

**Shri Hari Vishnu Kamath:** What, Sir, was the reportedly fabulous amount spent on the erection of the plant and, as is said in the statement, was some sort of a non-alignment or wrong alignment the cause of this break-down? If that is so, will the hon. Minister state firmly that he will keep this potent secret to himself and not communicate it to the Ministry of External Affairs let their faith in non-alignment be shaken?

**Dr. K. L. Rao:** The Japanese engineers who have come down to look into this have rectified the defect and the machine is now working. They have not yet given a report as to the exact reasons why this vibration was there.

**Shri Hari Vishnu Kamath:** Sir, I rise to a point of order. The statement says something about non-alignment. I am reading from his own statement.

**Mr. Speaker:** Does it say "non-alignment"?

**Shri Hari Vishnu Kamath:** It says about wrong alignment.

**Mr. Speaker:** Where is the non-alignment in that?

**Shri Hari Vishnu Kamath:** It was wrong alignment then; now it is non-alignment.

**Mr. Speaker:** He should keep himself aligned to the question.

**Shri Hari Vishnu Kamath:** I am trying my best. The statement is confusing.

**श्री ओंकार लाल बेरवा** : "सी" पावर स्टेशन के बन्द होने से जो अब तक बिजली न मिलने से नुक्सान हुआ है, वह कितना है हुआ है और क्या वह कांट्रेक्टर से वसूल किया जाएगा या गवर्नमेंट उसको बरदाश्त करेगी ?

**Dr. K. L. Rao:** Actually we have gained in this operation because we have got cheaper power from Bhakra.

**श्री ओंकार लाल बेरवा** : बरदाश्त कौन करेगा ? कांट्रैक्टर से काटा जाएगा या नवर्नमैंट बरदाश्त करेगी ?

**Dr. K. L. Rao:** This will be borne entirely by the company.

**Shri Hem Barua:** Is it a fact that the hon. Minister in one of his moments of introspection said that our Indian engineers must learn the technique and he went as far as to chastise them in a very mild way; if so, may I know what steps the Government have taken to equip our power engineers in the know-how of these plants?

**Dr. K. L. Rao:** It is quite true that Indian engineers have got to get advanced knowledge in the manufacturing operations of these machines. That is why we have, as I submitted at the time of the Budget Demands, a proposal to have two institutes opened, one at Bombay and the other at Neyveli, in order to train personnel in this regard.

**Staff Quarters at Petrapole**

*874. **Dr. Ranen Sen:** Will the Minister of **Finance** be pleased to state:

(a) whether quarters for Land Customs offices at Petrapole at the Indian Border have not been occupied by the Land Customs staff for lack of security for the families of the staff and

(b) if so, whether Government propose to construct quarters in safer areas?

**The Deputy Minister in the Ministry of Finance (Shrimati Tarkeshwari Sinha):** (a) Lack of security was not the only alleged reason for which the quarters have not been occupied by the staff. Out of the 44 quarters constructed at Petrapole, three or four have already been occupied.

(b) Does not arise as the quarters have already been constructed.

**Dr. Ranen Sen:** May I know if it is a fact that these staff quarters at Petrapole which were not occupied for a pretty long time were occupied by a battalion of the military personnel and yet rent has been deducted from the salary of the staff who have not occupied those quarters?

**Shrimati Tarkeshwari Sinha:** It was not due to non-availability of quarters that the staff did not occupy these quarters. In spite of all the persuasion, it has not been found possible to make the staff occupy these quarters, up to the present moment. The hon. Member made a reference to rent. I may say that as soon as they occupy the quarters the question of reduction of rent would be considered. Unless and until they occupy the quarters, it cannot be considered.

**Mr. Speaker:** The question was whether rent was charged in spite of their not occupying the quarters.

**Dr. Ranen Sen:** And military personnel were occupying them.

**The Minister of Finance (Shri T. T. Krishnamachari):** I have no information. Obviously, if somebody else is staying there, rent cannot be charged from the staff. Otherwise, rent is charged and deducted from their salary. At the present moment, I have no information.

**Dr. Ranen Sen:** Sir, notice of this question was given long before. Yet the Minister says he has no information. This is a border station. Their main complaint is that rent is deducted from their salaries for those quarters which they have not occupied for want of proper amenities. They have written to the Minister also in the matter. This is a very serious matter.

**Shri T. T. Krishnamachari:** If the Chair would be pleased to go through the question, it does not say that the quarters are occupied by somebody else and yet rent is charged, which is the allegation made by the hon. Member just now. I do not know if it is occupied by anybody else; it might have been temporarily occupied. If that is so, naturally, no rent is deducted for that period. If the quarters are there and people do not occupy them, naturally rent is charged and deducted from their salary. But if somebody else has occupied it and such occupation is allowed by Government, certainly we will not charge rent from the employees. As I said, I will make enquiries and find out the position.

**Shri Prabhat Kar:** In view of the fact that the quarters have been constructed in close proximity to the border and in view also of the fact that today the border situation is very bad, may I know whether any exception will be made in the case of officers who stay far away from the border with their families and no rent will be charged for their quarters?

**Shri T. T. Krishnamachari:** This again is a question on which there could be difference of opinion. The Land Custom Officers have to remain in the border; they cannot be far away. If the quarters are constructed miles away from the border, the complaint will be that they are too far away from the place of work. The whole matter has been looked into by the Chairman of the Customs and Excise Board along with the Additional Secretary of Revenue Department. We are trying to accommodate them in some matters by providing electricity, by providing some communications etc. But all the demands

which are not of a standard nature could not be complied with in the circumstances of the case.

**Shri Daji:** Am I to understand that if quarters are allotted and they are not occupied for whatever reasons, rent will be deducted from the salary of the person concerned?

**Shri T. T. Krishnamachari:** Certainly. Quarters are provided for these people and they are asked to go and stay there. If they do not go there, the house rent allowance which is given in some cases will not be given to them; in other cases, if they do not occupy the quarters, rent would be deducted from their salaries.

**Shri Hem Barua:** In view of the fact that during the last few months Petrapole has become the honeycomb of Pakistani espionage activities and there is threat to the life and property of the customs officials, may I know whether Government or the Finance Minister has taken up with the Home Minister the question of giving them protection against the vandalism of Pakistan?

**Shri T. T. Krishnamachari:** The position that is envisaged by the hon. Member could obtain in all cases of land customs. As you know, we have quite a very big land border. Naturally, if the security conditions are something which have to be improved upon, it will be done from time to time by the deparment. I cannot say here categorically that in this particular station the question of security has been taken up by me with the Home Minister.

**Shri S. M. Banerjee:** The hon. Minister has just now stated that under the rules if they do not occupy the quarters which they are entitled to they will lose the house rent allowance. What are the specific reasons for their not occupying those quarters? Is it because there are no amenities available to them, which are generally available to human beings elsewhere? They have no proper amenities at all. It may be looked into.

**Shri T. T. Krishnamachari:** That would be a reason provided by them for not occupying the quarters. As I said, it is in a border area. The question of balance of convenience has got to be taken into consideration. These quarters have to be near a place where they work or they could be somewhere further inside, in which case there are other disadvantages. The balance of convenience, according to the Department, was to build the quarters in the border area. If some amenities should be provided, we are trying to provide them. But it may not be possible for us to provide all the amenities they have asked for.

**Shri S. M. Banerjee:** Sir, I rise on a point of order. This particular question had been tabled 10 or 15 days or a month ago and all the answers which have come from the hon. Minister are all based on hypotheses. He does not know anything. He has said, "If there is no amenity, it will be done; if there is this, this will be done". Do we expect these sorts of answers from the hon. Minister? We take enough pains in giving notice of questions. Certain supplementaries are anticipated, but the hon. Minister has given replies which are based neither on imagination nor on facts.

**Shri Ranga:** May I also make one suggestion in regard to this point of order? Most of these questions are put in a general manner in just one or two clauses as compared to the earlier practice of giving as many points as possible so that the Ministers also would have prior notice as to how they should prepare themselves. We are also finding it difficult to ask supplementaries. I find that they are also put in the same kind of difficulty.

**Mr. Speaker:** I feel, he has answered the point of order. Next question; Shri Balmiki.

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** May I answer both questions Nos. 875 and 876 together?

**Mr. Speaker:** If it is so convenient to him, he may.

**Shri Mehr Chand Khanna:** They have a bearing on the same subject.

**Shri Daji:** No, Sir.

**श्री ओंकार लाल बेरवा :** अलग अलग हैं।

**श्री मेहर चन्द खन्ना :** अलग अलग हैं बहुत अच्छा।

जनपथ होटल

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*८७५. श्री बाल्मीकी :
श्री ओंकारलाल बरवा :
श्री हरि विष्णु कामत :

क्या निर्माण, आवास और पुनर्वास मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि जनपथ होटल का प्रबन्ध एक नये निकाय को सौंपा जा रहा है ;

(ख) यदि हां, तो होटल का सरकारी प्रबन्ध किन कारणों से हटाया जा रहा है ;

(ग) क्या लम्बी सेवा वाले सभी कर्मचारी निकाल दिये जायेंगे ;

(घ) यदि हां, तो इसके क्या कारण हैं ; और

(ङ) इसके परिणामस्वरूप श्रेणीवार कितने कर्मचारी प्रभावित होंगे ?

**निर्माण, आवास तथा पुनर्वास मंत्री (श्री मेहर चन्द खन्ना) :** (क) हां।

(ख) यह केवल अंशतः सरकारी प्रबन्ध में अधीन था। १ अप्रैल १९६४ से यह पूरी तरह पब्लिक सेक्टर में होगा।

(ग) और (घ). केवल वे अस्थायी कर्मचारी निकाले जायेंगे, जो केन्द्रीय सरकार में किसी स्थायी पद पर नहीं हैं या जो होटल जनपथ या सरकार द्वारा प्रस्तुत किये गये पदों को स्वीकार नहीं करेंगे या जो होटल जनपथ द्वारा नहीं चुने जायेंगे।

(ङ) इससे चतुर्थ श्रेणी के २२ कर्मचारी और तृतीय श्रेणी के ३० कर्मचारी प्रभावित हैं। चतुर्थ श्रेणी के कर्मचारियों को सलाह दी गई थी कि वे जनपथ होटल लिमिटेड को आवेदन पत्र दें। एक व्यक्ति इंटरव्यू में आया नहीं और ३ नहीं चुने गये। बाकी १८ व्यक्तियों में से, जो चुने गये थे, एक को एक अन्य सरकारी कार्यालय में नौकरी मिल गई है, एक ने इस होटल की नौकरी के प्रस्ताव को स्वीकार कर लिया है और ८ को १६ ने इस प्रस्ताव को अस्वीकार कर दिया है।

तृतीय श्रेणी के कर्मचारियों में से ९ नहीं चुने गये, एक ने इस्तीफा दे दिया है १८ को जनपथ होटल्स लिमिटेड ने और २ को राजसम्पत्ति निदेशालय ने अपने यहां रख लिया है।

[(a) Yes.

(b) It was only partially under State management. From the 1st April, 1964, it will be completely in the public sector.

(c) and (d). Only such members of the temporary staff as do not hold any permanent post in the Central Government or do not accept alternative posts offered by the Hotel Janpath or by Government or are not selected by Hotel Janpath will be retrenched.

(e) 22 members of Class IV staff and 30 of Class III are affected. Class IV staff was advised to apply to the Janpath Hotels Ltd. One did not appear for interview and 3 were not selected. Out of the remaining 18 persons who were selected, one has found employment in another Gov-

ernment office, one has accepted the offer of employment in the Hotel and the remaining 16 have refused the offer.

Of the Class III staff, 9 were not selected, one has resigned, 18 have been absorbed by Janpath Hotels by the Directorate of Estates.]

**श्री बाल्मीकी** : क्या यह सच है कि जो जनपथ होटल के कर्मचारी हैं, चाहे वे किसी भी कटेगरी के हों और जिन में बहुत से परमानेन्ट भी हैं क्वैसी परमानेन्ट भी हैं रोजगार के दफ्तर से आये हैं, उन की सर्विस रेकार्डस भी अच्छे हैं, लेकिन फिर भी उन पर नोटिस सर्व किये गये हैं। दूसरी बात यह है . . .

**अध्यक्ष महोदय** : पहले एक का जवाब हो जाने दीजिये।

**श्री बाल्मीकी** : अगर उन को रक्खा भी गया है तो बहुत नीचे के स्थानों पर रक्खा गया है : मैं जानना चाहता हूं कि ऐसा क्यों है।

**श्री मेहर चन्द खन्ना** : यह दुरुस्त नहीं है। मुझे उन कर्मचारियों से हमदर्दी है। जब कांस्टिट्यूशन हाउस . . . .

**श्री बागड़ी** : हमदर्दी है शायद इसी लिये उन को निकाल रहे हैं।

**श्री मेहर चन्द खन्ना** : जब कांस्टीट्यूशन हाउस खाली कराया गया तो वहां के ५० आदमियों को लोदी हाउस में जगह दे दी गई। मैं अर्ज करना चाहता हूं कि जनपथ का गवर्नमेंट स्टाफ सिर्फ ५० का था और वोल्गा का २६४। वोल्गा का कंट्रैक्ट बहुत बरस तक रहा। उस का कंट्रैक्ट हम ने ३१ मार्च को खत्म कर दिया। जब हम एक को पब्लिक सेक्टर में ले आये तो जो वोल्गा का स्टाफ २६४ लोगों का था, जो कि जरूरी नहीं था, हम ने उन में से भी २४३ को रख लिया। गवर्नमेंट स्टाफ जो ५० का था उस में से ४० को रख लिया। यानी ३१४ आदमियों में से हम ने २८३ को जगह दे दी। मगर मुश्किल यह है कि जब भी रिट्रेंचमेंट होता है जो सब से नीचे होता है उस को नोटिस देते हैं। श्री बाल्मीकी मुझ से सुबह मिले भी थे, जो भाई एफेक्ट हुए हैं वह भी मिले थे। मैंने उन को तसल्ली दिलाई है कि मैं दुबारा केसेज को देखूंगा। अगर किसी का रेकार्ड खराब नहीं है तो मैं विश्वास दिलाना चाहता हूं कि सी० पी० डब्ल्यू० डी० का सारा महकमा है, दूसरे होस्टल हैं। उन में से कहीं न कहीं मैं उन का प्रबन्ध जरूर करूंगा। मैं किसी को निकालना नहीं चाहता। लेकिन अगर किसी का रेकार्ड अच्छा नहीं है, कभी किसी ने किसी तरह का झंडा उठाया कभी किसी दूसरे किस्म का झंडा उठाया, तो कैसे काम चल सकता है। अगर मैं अपने कस्टमर्स से ५०, ६० रु० रोज लेता हूं तो मेरा फर्ज है कि उन को सर्विस ठीक से दूं।

**श्री बाल्मीकी** : मंत्री जी जानते हैं कि ऐसे बहुत से ऊंचे और उचित स्थान हैं जिन पर बाहरी विभागों से, बाहर के जरियों से लोग लाये जा रहे हैं, लेकिन वहीं के उन स्थानों के लिये ऐसे लोगों को, जो उन के योग्य हैं, और काम कर सकते हैं, नहीं रक्खा जा रहा है। क्या मैं यह समझूं कि जो मौजूदा मैनेजमेंट है वह फेवरिटिज्म और नेपाटिज्म का बर्ताव कर रहा है।

**श्री मेहर चन्द खन्ना** : अगर माननीय सदस्य मुझे कोई ऐसा केस बतलायेंगे तो खुद जाती तौर पर उस की तहकीकात करूंगा। मैं ने अभी यह कहा कि वोल्गा के जो २६४ आदमी थे जो कि मेरे ऊपर चार्ज नहीं थे, उन में से तकरीबन सब को यानी २४३ को मैंने रख लिया। सिर्फ इसलिए ऐसा किया कि कहीं वह भाई बेकार न हो जायें

**श्री ओंकार लाल बेरवा** : अभी जनपथ होटल के सारे कर्मचारी हड़ताल पर हैं तो मैं जानना चाहता हूं कि क्या उन्होंने सरकार

से ऐसी मांग की है कि उन के जो स्थान थे उन्हीं पर उन को रख लिया जाये। मैं जानना चाहता हूं कि मजदूरों ने सरकार के सामने क्या मांगें रखी हैं, उन में से आप ने कितनी ऐक्सेप्ट कर लीं हैं और कितनी रिजेक्ट कर दी हैं।

**श्री मेहर चन्द खन्ना** : साहब, हड़ताल तो नाम की है पूरी हड़ताल नहीं है...

**श्री ओंकार लाल बेरवा** : पूरी हड़ताल और क्या होगी। क्या मर जायें वह लोग।

**अध्यक्ष महोदय** : जवाब तो देने दीजिये।

**श्री दाजी** : अगर आप का जवाब ऐसा रहेगा तो पूरी हो जायेगी।

**अध्यक्ष महोदय** : क्या अब माननीय सदस्य जवाब भी नहीं सुनेंगे।

**श्री मेहर चन्द खन्ना** : मैं रात को खुद गया हूं। मैं ने खुद तमाम चीजों को देखा। वहां कुछ आदमी बैठे हुए हैं मैं ने अभी अभी ऐवान में अर्ज किया है कि २६४ आदमी बोल्गा के थे उन में से २४३ को नौकरी आफर की गई है, ५० आदमी जो गवर्नमेंट के थे उन में से ४० को नौकरी आफर हुई है। मुझे उन से हमदर्दी है। मैं उन के केसेज को दुबारा देखने को तयार हूं। मैं माननीय सदस्य श्री बाल्मीकी से कहना चाहता हूं कि मैं उन के साथ बैठने के लिये तैयार हूं। लेकिन एक चीज की सफाई कर दूं। और मेरा यह काम खत्म हो चुका है तो मैं इस के लिये किसी आदमी को नहीं रख सकता क्योंकि यह कैसे हो सकता है कि मैं मुल्क का रुपया उन के लिये दूं जिन की जरूरत नहीं है। लेकिन हमारे और भी होटेल्स बन रहे हैं। मैं हर एक आदमी को जगह दूंगा और उन को प्रोवाइड करने की कोशिश करूंगा।

**Shri Hari Vishnu Kamath:** Is it a fact that these unfortunate victims have made petitions and representations with regard to this matter but these have been summarily rejected without any hearing or consideration whatsoever?

**Shri Mehr Chand Khanna:** The hon. Member knows all about the Constitution House. 50 of them....

**Shri Hari Vishnu Kamath:** I am not referring to Constitution House. I am referring to Janpath Hotel.

**Shri Mehr Chand Khanna:** I am just saying that we tried to accommodate everyone of them in the Lodi House. I am doing the same thing here. If my hon. friend calls those who are being retrenched as unfortunate, I certainly feel sorry for them, but I have assured the House that I want to engage them and I want to employ them. The moment vacancies become available, they shall have the first right in my Ministry to be absorbed.

**Shri Hari Vishnu Kamath:** He has not answered my question. I want to know whether the petitions and representations have been summarily rejected or not.

**Mr. Speaker:** He has already promised that he will look into those cases again.

**Shri Hari Vishnu Kamath:** I want to know whether at the moment they have been rejected without any consideration.

**Mr. Speaker:** If the hon. Member has got any cases he may bring them to the hon. Minister's notice.

**Shri Hari Vishnu Kamath:** He is evading an answer to my question. I wanted to know whether the petitions and representations had been summarily rejected or not.

**Mr. Speaker:** When the hon. Minister has said that he is prepared to look into those cases, why should the hon. Member put that question?

**Shri Mehr Chand Khanna:** This is not correct. Some of the notices which my hon. friend Shri Balmiki brought to my notice this morning

are not such as are going to expire in the next two or three or four days.

**Shri Nath Pai:** While welcoming this reiterated assurance that no employee will be deprived of his job and that he will be providing them with alternative jobs if not in the same place, may I know whether whenever those jobs were offered they were offered on a basis which was absolutely to the disadvantage of the employees? Since the hon. Minister has denied this earlier, may I categorically point out that an employee drawing Rs. 195 currently was offered a job on Rs. 160, and if he says 'No', another employee is brought? If that is so, may I know whether this is fair and whether we should allow the impression that nationalisation means loss of privileges and rights of the employees? May I finally ask him this question? Since he has given a long reply, the question also has arisen like this.

**Mr. Speaker:** Because he has given a long reply, should the hon. Member's question also be long?

**Shri Nath Pai:** Otherwise, the question would not give satisfaction. I have been good enough to welcome his assurance, but the fact remains that whereas retrenchment is going on on the one hand, on the other, for the same jobs employees are being recruited. How does the hon. Minister square these two things, retrenchment on the one hand, and recruitment for the same jobs on the other?

**Shri Mehr Chand Khanna:** Those people who were serving in the Janpath Hotel for all these years were not the charge of my Ministry.....

**Shri Nath Pai:** That is only a technicality. The hon. Minister is unnecessarily bringing in the Volga affair. The House would not get a clear impression if he brings in the Volgas. The Volgas were the Government caterers there. The hon. Minister is unnecessarily bringing in the Volgas. I do not want to attack those people, but those Members who do not go into the details will get misled. It is not the Volgas whom we are concerned with, but, we are concerned with the Government of India management.

**Shri Mehr Chand Khanna:** There was a dual control of this Janpath Hotel. It was under the administrative control of the Directorate of Estates and the caterers were Volgas. This had gone on for a number of years. It was decided that we should convert the entire institution or concern into a public sector undertaking which we have done. Those persons who were with the Volgas and who had been serving there for all these years were equally poor and they also belong to the same category, and we have absorbed those of them that suited us, and as I have said, we have taken over about 243 or so out of about 250 or 260.

As regards Government servants, they were the officers of the Directorate of Estates. We have retrenched only the lowermost but we propose to take them in the other hostels under construction. Again, as I have told you, it may be only a temporary retrenchment subject to the examination of their records. If after examination the records are found to be good, I propose to provide them with employment very soon.

**Mr. Speaker:** Shri Sheo Narain.

**Shri Daji:** On a point of order. The question that had been put was specific, but that has not been replied to.

**Mr. Speaker:** Order, order. I have called the next Member already. The point of order does not arise now.

**श्री शिव नारायण :** मैं जानना चाहता हूं कि जो ५० आदमी थे उनमें से आपने १० को बाप कर दिया है, क्या उनको आप दूसरी जगह देंगे ?

**श्री मेहर चन्द खन्ना :** जो ठेकेदार के आदमी मेरे होटल में काम करते थे उन तक को मैं ने ले लिया है। ऐसा मैं ने कांस्टीट्यूशन हाउस में किया, वैस्टर्न कोर्ट में भी यही

कर रहा हूं। हमको दो सौ २५० आदमियों को नौकरी से बाहर भेज देना मुनासिब नजर नहीं आया। हम हर एक का रिकार्ड देख रहे हैं और हर एक के साथ हमारी हमदर्दी है। बाकियों के लिए भी थोड़े दिनों के बाद कुछ न कुछ कर दूंगा।

**Shri Nambiar:** What exactly is the reason for the retrenchment of these men who have put in eight or nine years of continuous service and who have no blemish in their records, and many of whom have been made quasi-permanent? Why should they be retrenched at all, when there are vacancies? It is only a question of change of management, but Government continue to manage it.

**Shri Mehr Chand Khanna:** I have just stated that in the conversion of the Kotah House into a Defence Hostel, the demolition of the Constitution House and the conversion of the Janpath Hotel into a public sector undertaking, some retrenchments were inevitable and had to be made. But we have retrenched only those who are on the lowest rung of the ladder. We have made no discrimination, and we have gone to the lowest man possible. That is the general system with Government; whether a person is temporary or quasi-permanent, those who are to be retrenched first are those from the lowest rung of the ladder.

**श्री अ० प्र० शर्मा :** अध्यक्ष महोदय, सरकार कर्मचारियों की सरविस कंडीशन्स के मुताबिक अगर उनकी सरविस के रिट्रेंचमेंट का सवाल आता है तो उनको दूसरी जगह नौकरी दी जाती और अगर गैर सरकारी मुहकमों के आदमियों को सरकार लेती है तो उनकी सूटेबिलिटी वगैरह की जांच करने का सवाल पैदा होता है। मैं जानना चाहता हूं कि जो कानून गैर सरकारी मुहकमों के लोगों पर लागू होता है उसको सरकारी मुहकमे वालों पर क्यों लागू किया जाता है, सूटेबिलिटी आदि के बारे में, और उनको क्यों आल्टरनेटिव जाब नहीं दी जाती?

**अध्यक्ष महोदय :** यह तो उन्होंने बता दिया है।

**श्री सिंहासन सिंह :** मैं जानना चाहता हूं कि क्या यह सही है कि २५ मार्च से ३१ मार्च तक बिल्कुल नए आदमी एम्पलाय किए गए हैं और जो पुराने आदमी काम करते थे उनको लोएस्ट कह कर रिट्रेंच कर दिया गया है?

**श्री मेहर चन्द खन्ना :** अगर आपका नए आदमियों से उन आदमियों से मतलब है जो कि जनपथ होटल में पांच पांच सात-सात साल से काम कर रहे थे, तब तो ठीक है उनको रखा गया है। गो कि वह सरकारी नौकर नहीं थे, मैं ने उनको रखा। उनके केसेज को देख कर उनको रखा गया है। बिल्कुल नया आदमी कोई नहीं लिया गया। मैं उनके केसेज को देखूंगा, और अगर किसी बिल्कुल नए आदमी को लिया गया है और पुराने आदमियों को उस जगह से निकाल दिया गया है तो मैं उस नए आदमी को निकाल दूंगा।

**चतुर्थ श्रेणी के कर्मचारियों की छंटनी**

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*८७६. { श्री कछवाय : / श्री बड़े : / श्री ओंकार लाल बेरवा : / श्री लहरी सिंह : / श्री बाल्मीकी :

**क्या निर्माण, आवास तथा पुनर्वास** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि सरकारी होस्टलों अर्थात् कोटा हाउस, वैस्टर्न कोर्ट, पटौदी हाउस, रायसीना होस्टल, लोदी होस्टल, जनपथ और वर्किंग गर्ल्स होस्टल के कई चतुर्थ श्रेणी के कर्मचारियों की छंटनी के नोटिस दे दिए गए हैं;

(ख) यदि हां, तो इस तरह के नोटिस देने के क्या कारण हैं; और

(ग) इन लोगों को वैकल्पिक रोजगार देने की सरकार ने क्या व्यवस्था की है?

**निर्माण, आवास तथा पुनर्वास मंत्री (श्री मेहर चन्द खन्ना)** : (क) जी हां। ७३ चतुर्थ श्रेणी कर्मचारियों को नोटिस दिये गये हैं।

(ख) ये नोटिस कोटा हाउस की इमारत रक्षा मंत्रालय को दे देने, कांस्टीट्यूशन हाउस होस्टल को बन्द कर देने और जनपथ होटल का इंतिज़ाम एक लिमिटेड कम्पनी को सौंप देने के कारण दिये गये हैं।

(ग) सरकार ५६ व्यक्तियों के लिए वैकल्पिक रोज़गार ढूंढने में समर्थ हुई है, जिनमें जनपथ होटल्स लिमिटेड के अधीन काम कर रहे ३८ व्यक्ति भी सम्मिलित हैं। इन ३८ में से अब तक १७ ने इस प्रस्ताव को स्वीकार कर लिया है और १७ ने अस्वीकार कर दिया है।

It is a same question. I have already answered it in reply to the previous question.

**श्री कछवाय** : क्या मैं जान सकता हूं कि जिन लोगों को नोटिस दिया गया है वे कितने रोज से सरविस कर रहे थे, और क्या जब तक उनको दूसरी सरविस नहीं मिलती उनको कोई मुआवजा दिया जाएगा ?

**श्री मेहर चन्द खन्ना** : मुआवजे का सवाल पैदा नहीं होता। मैं ने कहा है कि अगर उनकी छुट्टी ड्यू है तो वह छुट्टी ले लें और उसके बाद मैं उनको वापस लेने की कोशिश करूंगा ताकि उनकी सरविस में ब्रेक न होने पावे। लेकिन जब काम खत्म हो गया है तो मैं किसी आदमी को नहीं रख सकता जिसका काम न हो।

**श्री कछवाय** : वे कितने रोज से काम करते थे, इसका जवाब नहीं आया।

**श्री मेहर चन्द खन्ना** : उनमें से कुछ परमानेंट होंगे, कुछ क्वासी परमानेंट होंगे। और कुछ आरजी भी होंगे। मेरा ख्याल है कि उनमें ज्यादातर आरजी हैं या क्वासी परमानेंट हैं, किसी परमानेंट आदमी को नोटिस नहीं दिया गया।

**अध्यक्ष महोदय** : उनको काम करते कितना अरसा हो गया था इसका कोई आइडिया दे सकते हैं।

**श्री मेहर चन्द खन्ना** : यह कहना तो मुश्किल है।

**श्री कछवाय** : क्या यह सही है कि अगर कोई आदमी किसी स्थान पर तीन महीने काम कर लेता है तो स्थायी कर दिया जाता है, यदि हां तो मैं जानना चाहता हूं कि इन लोगों की तीन महीने से ज्यादा सरविस होने के बाद भी उनको नोटिस क्यों दिया गया ?

**श्री मेहर चन्द खन्ना** : अपका पहला एक्सम्पशन दुरुस्त नहीं है। इसके लिए हमारे यहां होम मिनिस्ट्री के आर्डर्स [illegible] जिनमें परसेंटेज और पीरियड मुकर्रर है।

**Dr. L. M. Singhvi:** The Minister has said that these notices have been given in consequence of the conversion of the Janpath Hotel into a public sector undertaking. We would like to know in what manner, under what provision of law, it has become necessary, merely because the hotel has been converted into a public sector undertaking, to remove these people from service.

**Shri Mehr Chand Khanna:** I have answered it.

**श्री ओंकार लाल बेरवा** : मैं जानना चाहता हूं कि यह जो आप ने नई कम्पनी को ठेका दिया है तो क्या किसी और कम्पनी से भी पूछताछ की थी और अगर की है तो किस बेसिस पर की है ?

**श्री मेहर चन्द खन्ना** : यह पबलिक सैक्टर की अंडरटेकिंग है। इमारत भी सरकार की है और इंतजाम भी सरकार का है।

**श्री ओंकार लाल बेरवा** : अपने हाथ में लेकर किसी दूसरे को तो इस का ठेका नहीं दे देंगे ?

**श्री मेहर चन्द खन्ना :** नहीं साहब नहीं देंगे । मैं आप काप करना चाहता हूं ।

**Shri S. M. Banerjee:** The main question which is agitating the minds of those employees who were transferred from other departments to Janpath Hotel is whether their services are likely to be transferred to other Government departments without any break in service and loss in emoluments. I want to know whether this decision has been taken by Government, and if not, why?

**Shri Mehr Chand Khanna:** I cannot give a categorical assurance. Quite a number of them from these hostels have been diverted to other departments of the Directorate of Estates, and have been absorbed. So far as the others are concerned, I am prepared to look into that.

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## WRITTEN ANSWERS TO QUESTIONS

### C.G.H.S. Ayurvedic Dispensary in New Delhi

*863. **Shri Bhagwat Jha Azad:** Will the Minister of **Health** be pleased to state:

(a) whether it is a fact that the number of patients in the only Ayurvedic dispensary under C.G.H. Scheme at Gole Market, New Delhi has been increasing steadily; and

(b) whether any Ayurvedic dispensary under the C.G.H.S. has been opened at Vinay Nagar, New Delhi.

**The Minister of Health (Dr. Sushila Nayar):** (a) The attendance at the Ayurvedic Dispensary under the C.G.H. Scheme at Gole Market has been fluctuating during the last 10 months. The peak attendance which was in the month of May, 1963 was 4928. In February, 1964 it was 4053.

(b) No, Sir. A proposal to start another Ayurvedic dispensary at Sarojini Nagar is under consideration.

### Eastern Zonal Grid

*864. **Shri P. C. Borooah:**
**Shri Subodh Hansda:**

Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether the question of creation of a unified Zonal Power Grid for West Bengal, Bihar and Orissa and the D.V.C. was discussed at a meeting held in Calcutta in January this year; and

(b) if so, with what results?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) and (b). Yes, Sir. At the conference convened at Calcutta on the 29th January, 1964, the concept of an inter-connected power grid system for the States of Orissa, Bihar and West Bengal and the D.V.C. was accepted. The composition and functions of the regional agency were also agreed upon. Accordingly the Eastern Regional Electricity Board, has been established.

### चर्म रोग 'सोरयासिस'

८६५. **श्री विश्वनाथ पाण्डेय :** क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि 'सोरियासिस' जैसे चर्म रोग सभी बड़े नगरों (बम्बई, दिल्ली, कलकत्ता) में व्यापक रूप से फैल रहे हैं ; और

(ख) यदि हां, तो इन रोगों को फैलने से रोकने के लिए सरकार क्या कार्यवाही करने का विचार कर रही है ?

**स्वास्थ्य मंत्री (डा० सुशीला नायर) :** (क) जी नहीं ।

(ख) सोरियासिस कोई असामान्य चर्म रोग नहीं है—यह एक जीर्ण रोग है । इस रोग के इलाज के लिये सभी अस्पतालों, डिस्पेंसरियों और विशिष्ट चर्म रोग क्लीनकों में सुविधाएं मौजूद हैं । इसका कारण भली प्रकार विदित न होने से निरोधी उपाय नहीं बरते जा सकते ।

**Review of Indo-Nepal Excise Refund Cases**

*872. **Shri Maheswar Naik:** Will the Minister of **Finance** be pleased to state:

(a) whether a Joint Committee will soon be set up by India and Nepal to verify outstanding cases of refund of excise duties by India to Nepal;

(b) what is the extent of annual refund accruable against India; and

(c) how and why such refund accrues?

**The Deputy Minister in the Ministry of Finance (Shrimati Tarkeshwari Sinha):** (a) Yes, Sir. A joint audit party consisting of representatives of the Government of India and His Majesty's Government of Nepal is likely to be set up shortly to carry out a detailed item-wise check of the pending claims for refund in the various Collectorates of Central Excise.

(b) The amount of Central, Excise duty refunded to the Government of Nepal during the last five years is as follows:

| | (Rs. in lakhs) |
|---|---|
| 1959-60 | 1,39 |
| 1960-61 | 84 |
| 1961-62 | 81 |
| 1962-63 | 1,07 |
| 1963-64 (up to Jan. '64) | 1,98 |

(c) The refunds are on account of excisable goods exported from India to Nepal. By an agreement entered into between the two Governments in 1953, refund of excise duty on goods exported from India to Nepal is allowed to His Majesty's Government of Nepal.

**Medicinal Herbs and Plants**

*877. **Shri Hari Vishnu Kamath:** Will the Minister of **Health** be pleased to state:

(a) whether any intensive survey has been or is being conducted for medicinal herbs and plants useful in Ayurvedic pharmacology;

(b) if so, when and by whom; and

(c) the result thereof?

**The Minister of Health (Dr. Sushila Nayar):** (a) Yes, Sir.

(b) A scheme for the establishment of a survey unit at the Gurukula Kangri Vishwavidyalaya, Hardwar, was sanctioned in August, 1962.

(c) A statement is laid on the Table of the House. [*Placed in Library. See* No. LT-2689/64].

**L.I.C.**

*879. **Shri Harish Chandra Mathur:** Will the Minister of **Finance** be pleased to state:

(a) whether his attention has been invited to Madras High Court's Judgment against Life Insurance Corporation stating that LIC should not resist claims "on frivolous pleas and reckless allegations"; and

(b) Government's reaction in the matter and whether any directions have been issued to LIC in this connection?

**The Deputy Minister in the Ministry of Finance (Shrimati Tarkeshwari Sinha):** (a) Yes, Sir.

(b) It appears that the Life Insurance Corporation has not yet received a copy of the judgment from the Madras High Court nor has Government seen the text of the judgment so far. The LIC will send its comments to Government after the judgment copies are received, which will be the time to deal further with this matter.

**Premium Rates**

*880. **Shri D. C. Sharma:** Will the Minister of **Finance** be pleased to state the progress made in the matter of reviewing the premium rates for life insurance in the country according to actuarial considerations?

**The Deputy Minister in the Ministry of Finance (Shrimati Tarkeshwari Sinha):** The Corporation has undertaken a detailed investigation of the mortality of assured lives during the years 1961 to 1964. It is not possible to indicate at this stage whether premium rates will be revised in the light of this investigation when it is completed.

**Loan Agreements with Britain**

*881 **Shri P. C. Borooah:**
**Shri D. C. Sharma:**

Will the Minister of **Finance** be pleased to state:

(a) whether three loan agreements amounting to £12·5 million (Rs. 16.7 crores) have recently been signed with Britain;

(b) if so, the terms of the agreements; and

(c) for what schemes these loans are to be appropriated?

**The Deputy Minister in the Ministry of Finance (Shrimati Tarkeshwari Sinha):** (a) to (c). A statement is being laid on the Table of the House. [*Placed in Library, See* No. LT-2625/64].

**North-Eastern Regional Electricity Board**

*882. **Shri Vishwa Nath Pandey:**
**Shri Ram Harkh Yadav:**

Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether it is a fact that Government propose to constitute the North-Eastern Regional Electricity Board for planning and co-ordinating the generation and distribution of power in the region; and

(b) if so, when?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) and (b). The North-Eastern Regional Electricity Board has been established recently.

**Pilot Study of Public Sector Undertakings**

*883. **Shri Hari Vishnu Kamath:**
**Shri Shree Narayan Das:**
**Shri D. C. Sharma:**

Will the Minister of **Planning** be pleased to refer to the reply given to Starred Question No. 326 on the 2nd December, 1963 and state:

(a) whether the pilot study undertaken by the Planning Commission into the performance of certain public sector undertakings has been completed; and

(b) if so, the main findings and conclusions thereof?

**The Deputy Minister in the Ministry of Labour and Employment and for Planning (Shri C. R. Pattabhi Raman):** (a) and (b). The object of case studies of selected public sector enterprises which are under way is to evolve appropriate systems of programming and reporting. To the extent possible, they will also deal with aspects such as materials planning and management, financial planning and production planning. Work has been so far undertaken in respect of twelve projects and draft reports on nine of these are at present under examination in consultation with the authorities concerned.

**Income-Tax Arrears**

1780 **Shri Dinen Bhattacharya:**
**Dr. U. Misra:**
**Dr. Ranen Sen:**
**Shri Hari Vishnu Kamath:**

Will the Minister of **Finance** be pleased to state:

(a) the position with regard to recovery of income-tax arrears as on the 31st December, 1963; and

(b) the details of steps taken to recover the arrears?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) The provisional figure of effective arrears of Income-

tax as on 31st December 1963 amounted to Rs. 192·99 crores.

(b) All possible steps provided for in the Income-tax Act, are being taken to recover the arrears.

**Tribal Settlers in Dandakaranya**

**1781. Shri Ramachandra Ulaka:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state the number of tribal settlers from Koraput District (Orissa) and the extent of land distributed to them in Dandakaranya Project as on the 31st January, 1964?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** Number of tribal families—1,052.

Area of land allotted—7,958 acres.

**Applications for Housing Loans**

**1782. Shri Ramachandra Ulaka:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) the number of applications received from Central Government servants in Orissa for house building advances during the last six months;

(b) the number of applications approved by Government; and

(c) the total amount of loan granted to Central Government servants in Orissa during the same period so far?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) Six (including two applications which were incomplete).

(b) Two.

(c) Rs. 9,600|-.

**S.C. and S.T. Employees in Dandakaranya**

**1783. Shri Ramachandra Ulaka:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) the number of Scheduled Castes and Scheduled Tribes Employees in Dandakaranya Project as on the 31st January, 1964; and

(b) the number of such employees who belong to Orissa State itself?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a )and (b). The information is being collected and will be laid on the Table of the Sabha.

**Grant for Drinking Water in Orissa**

**1784. Shri Ramachandra Ulaka:** Will the Minister of **Health** be pleased to state:

(a) the amount allotted to Orissa Government by the Centre for supplying protected drinking water to municipalities during 1963-64; and

(b) the amount proposed to be given to Orissa for the said purpose during 1964-65?

**The Minister of Health (Dr. Sushila Nayar):** (a) A sum of Rs. 30.00 lakhs has been allocated as loan during 1963-64 for the urban water supply and drainage schemes of the Government of Orissa under the National Water Supply and Sanitation Programme (Urban).

(b) the allocation for 1964-65 has not yet been finalised. The State Government had indicated 42 lakhs in their proposals.

**Water Supply Schemes for Bihar**

**1785. Shri Sidheshwar Prasad:** Will the Minister of **Health** be pleased to state:

(a) the amounts sanctioned for water supply schemes (rural and urban) during 1961-62, 1962-63 and 1963-64 for Bihar; and

(b) the details of the schemes executed?

**The Minister of Health (Dr. Sushila Nayar):** (a) The amounts of Central assistance sanctioned as loan to the Government of Bihar for Urban Water Supply and Sanitation Schemes under the National Water Supply and Sani-

tation Programme during 1961-62 to 1963-64 are as under:—

| | (Rs. in lakhs) |
|---|---|
| 1961-62 | 39.00 |
| 1962-63 | 76.99 |
| 1963-64 | 74.01 |
| Total.— | 190.00 |

Assistance for rural water supply schemes is given to the State Governments in the form of grant-in-aid. According to the existing procedure Central assistance for State Plan Schemes is sanctioned in lumpsum for broad categories or groups of schemes taken together and not schemes-wise. The grants sanctioned to the Government of Bihar during 1961-62 to 1963-64 for all State Plan schemes including Rural Water Supply Schemes are as under:

| Year | Grants sanctioned (include assistance in kind). |
|---|---|
| 1961-62 | 161.16 lakhs |
| 1962-63 | 206.78 lakhs |
| 1963-64 | 110.95 lakhs |

(b) The information is being collected and will be laid on the Table of the Sabha in due course.

**Accommodation of Non-Government Servants or Non M.Ps.**

**1786. Shri Shivaji Rao S. Deshmukh:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) the number and categories of Government residences which are at present in occupation of persons other than Government servants and Members of Parliament;

(b) the dates since these buildings have been in such occupation, and the categories of persons who occupied them; and

(c) the grounds on which such buildings are allotted to persons other than Government servants or non-Members of Parliament?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) It is presumed that the information is sought in regard to Delhi. There are 112 Government residences which are in occupation of persons other than Government servants. The categories of such residences are as below:—

| | |
|---|---|
| Type VIII | 1 |
| Type VII | 4 |
| Type VI | 14 |
| Type V | 49 |
| Type IV | 39 |
| Type III | 1 |
| Type II | 3 |
| Type I | 1 |
| Office-cum-residence | 1 |
| | 112 |

(b) The dates of allotment of these buildings vary from 1 to 14 years. As stated in reply to part (a) of the Question, they are all non-Government servants.

(c) It will involve lot of time and labour to go into the reasons of allotment in each case which, it is considered, will not be commensurate with the results likely to be achieved.

**N.D.M.C. Dispensaries**

**1787. Shri Bibhuti Mishra:** Will the Minister of **Health** be pleased to state:

(a) whether it is a fact that substandard medicines are being supplied to the N.D.M.C. Dispensaries; and

(b) if so, the action taken by Government to stop this supply?

**The Minister of Health (Dr. Sushila Nayar):** (a) No.

(b) Does not arise.

**Seizure of Smuggled Watches**

**1788. Shri P. C. Borooah:** Will the Minister of **Finance** be pleased to state:

(a) whether customs authorities seized 4,000 smuggled wrist watches

which came with six passengers arriving by sea at Bombay and 200 ladies wrist watches from a passenger at Madras airport on or about 20th January, 1964;

(b) if so, what was the total estimated value thereof and how they have been disposed of; and

(c) how many such other cases of smuggling of watches have been detected during the past three months and the details of the goods seized therein?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) and (b). The Bombay customs authorities seized 7583 wrist watches from seven passengers who arrived by s.s. Marconi on the 20th January, 1964, while the Madras customs authorities seized 200 ladies wrist watches and 6 men's watches from a passenger who arrived by air on the 19th January, 1964. The seized watches are estimated to be of the value of Rs. 2.89 lakhs. Both the cases are pending adjudication and prosecution.

(c) In addition to the above, 218 cases of alleged smuggling of watches were detected by the Customs, Land Customs and Central Excise authorities during the period December, 1963 to February, 1964. These cases involved seizure of about 8500 wrist watches valued at about Rs. 7½ lakhs and other goods of the approximate value of Rs. 12½ lakhs. The other goods are mainly consumer goods and included gold, jewellery, precious and semi-precious stones, currency, art silk piece goods, transister radios, mechanical lighters and flints, cut throat razors, nylon buttons, opium, a truck and a mechanised vessel.

### Government Residences for Chief Ministers in Delhi

**1789. Dr. L. M. Singhvi:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) whether any Chief Ministers or former Chief Ministers of States have been allotted residences by the Government of India without their holding any official position in Government;

(b) if so, the number of such allotments; and

(c) the grounds on which such allotments are made and cancelled?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) and (b). No. If the reference is to the former Prime Ministers of Jammu and Kashmir, the reply would be in the affirmative and the number of houses is two.

(c) The allotments were made at their request.

### पटना के लिए वृहत् योजना

१७९०. **श्री विश्वनाथ पाण्डेय :** क्या **स्वास्थ्य** मंत्री यह बताने की कृपा करेंगी कि :

(क) क्या यह सच है कि बिहार सरकार ने केन्द्रीय सरकार को सूचित किया है कि पटना के लिए एक वृहत् योजना तैयार की गयी है और बिहार सरकार उसे कार्यान्वित करना चाहती है ;

(ख) यदि हां, तो इस संबंध में केन्द्रीय सरकार की क्या प्रतिक्रिया है ; और

(ग) केन्द्रीय सरकार बिहार सरकार को इस विषय में क्या सहायता प्रदान करने का विचार कर रही है ?

**स्वास्थ्य मंत्री (डा० सुशीला नायर) :** (क) पटना के लिये वृहत् योजना पटना सुधार प्रन्यास (पटना इम्प्रूवमेण्ट ट्रस्ट) द्वारा तैयार की जा चुकी है और बिहार सरकार अब उसकी जांच कर रही है ।

(ख) केन्द्रीय सरकार चाहती है कि सभी नगरों के लिये वृहत् योजनायें यथाशीघ्र तैयार हो जायें ।

(ग) पटना के लिए वृहत् योजना तैयार करने के लिए राज्य सरकार को शतप्रतिशत वित्तीय सहायता दी जा रही है ।

**Psychiatric Treatment**

**1791. Shri P. R. Chakraverti:** Will the Minister of Health be pleased to state:

(a) the existing strength of institutional beds for psychiatric treatment;

(b) whether it is a fact that admission to a mental hospital is largely secured under magisterial orders and care is mainly custodial in character;

(c) whether Government propose to sponsor a scheme to turn the mental hospitals into centres of mental services to co-ordinate and integrate the treatment and care of in-patients, out-patients and domiciliary services; and

(d) the preventive measures taken in addition to diagnostic and psychotherapeutic services in cases of mental derangement?

**The Minister of Health (Dr. Sushila Nayar):** (a) According to information available, the bed strength in the existing 35 mental hospitals in India, at present, is 13,889. In addition, there are Psychiatric Clinics and Child Guidance Clinics in the country where facilities for psychiatric treatment are available.

(b) Voluntary patients are also admitted to Mental Hospitals under proviso to section 4 of the Indian Lunacy Act, 1912. In special circumstances, admissions are made under magisterial orders under section 13 of the Act. Under magisterial order, the patient is admitted through a reception order obtained from the magistrate by the relatives of the patient in respect of wandering and dangerous lunatics cruelly treated or not under proper care and control.

(c) and (d). Government has set up a Mental Health Advisory Committee which has recommended the formation of 3 study groups for revising the Mental Health Act, for considering various questions regarding the training of medical and paramedical personnel in Psychiatry and for examining questions regarding ambulatory treatment of mental patients and for suggesting improvement of existing Mental hospitals.

The Study Groups have met and given a report. Their recommendations are under examination and will be taken into account in drawing up the Fourth Plan schemes in this field.

**Development of River Basins in Punjab**

**1792. Shri Daljit Singh:** Will the Minister of Irrigation and Power be pleased to state:

(a) whether the Central Government received from Punjab Government a Master Plan for the development of river basins in the State; and

(b) if so, whether the schemes envisaged in the Master Plan are being implemented by the Central Government?

**The Minister of Irrigation and Power (Dr. K. L. Rao):** (a) Yes. A draft Plan had been received sometime ago.

(b) Some of the schemes included in this draft Plan are being implemented by the States concerned. These are:

1. Beas-Sutlej Link.
2. Pong Dam.
3. Yamuna Stage—I.
4. Yamuna Stage—II.
5. Uhl Stage—III (Basi Power Station).

Others are under investigation by the States concerned.

**Schools under Dandakaranya Authority**

**1793. Shri G. Mohanty:** Will the Minister of Works, Housing and Rehabilitation be pleased to state:

a) whether Adivasi children are admitted into the primary and secondary schools opened under the control of the Dandakaranya Development Authority; and

(b) if so, the language and script taught to these children?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna)**: (a) and (b). The information is being collected and will be laid on the Table of the Sabha.

**M/s. Skoda (India) Private Limited**

1794. **Shri Surendranath Dwivedy**: Will the Minister of **Finance** be pleased to refer to the reply given to Starred Question No. 71 on the 13th February, 1964 and state:

(a) whether the investigation of the case relating to Messrs. Skoda (India) Private Co. Ltd., have been completed; and

(b) if so, the findings thereof?

**The Minister of Finance (Shri T. T. Krishnamachari)**: (a) and (b). Investigations into certain points have been completed, and the cases relating to them are under adjudication. As regards other points, investigations are still in progress.

**Shifting of Industries in Delhi**

1795. **Shri Vishwa Nath Pandey**: Will the Minister of **Health** be pleased to state:

(a) whether Government are considering a proposal to shift all dairies, tanneries and other noxious trades of Delhi from the urban parts to the outlying areas of Delhi; and

(b) if so, the details thereof?

**The Minister of Health (Dr. Sushila Nayar)**: (a) and (b). Yes. In accordance with the provisions of Master Plan the question of the shifting of industries from non-conforming areas and allotment of land therefor is under consideration of the Delhi Development Authority, Delhi Administration and the Municipal Corporation of Delhi. The survey of industrial units is in hand and as soon as it is completed a programme for the shifting of various units from the non-conforming areas would be drawn up. In this programme the shifting of noxious and muisance industries will have the first priority.

**Dandakaranya Project**

1796. **Dr. Ranen Sen:**
**Shri Dinen Bhattacharya:**
**Dr. Saradish Roy:**

Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) whether the Dandakaranya Project Authority has requested to expedite the supply of machineries and technical personnel for speedy reclamation of land in Dandakaranya; and

(b) if so, steps taken by the Ministry in this regard?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna)**: (a) and (b). The Dandakaranya Development Authority have been asked to step up their programme for the next working season so as to provide for settlement of 8,000 agriculturist and 2,000 non-agriculturist families. The Dandakaranya Project had proposed the purchase of 10 additional fully mechanised units comprising 150 tractors involving foreign exchange expenditure equal to Rs. 3.25 crores. It is, however, proposed to purchase only 3 fully mechanised units comprising 45 tractors in the first instance and a request for foreign exchange allocation of Rs. 1.2 crores has been made to the Ministry of Finance. No request for recruitment/ deputation of technical personnel has been received from the Dandakaranya Project Administration. They are themselves competent to recruit the personnel required for reclamation.

**Survey of T.B. Incidence in Kerala**

1797. **Shri P. Kunhan**: Will the Minister of **Health** be pleased to state:

(a) whether any survey has been carried out in Kerala to find out the incidence of tuberculosis in the State;

(b) if so, the result thereof;

(c) whether any assistance has been given to the State for the control and treatment of tuberculosis in the first three years of the Third Five Year Plan;

(d) the schemes for which assistance has been given; and

(e) the progress so far made in implementing these schemes?

**The Minister of Health (Dr. Sushila Nayar):** (a) Yes. A survey was conducted during the years 1955—57 by the Indian Council of Medical Research in Kerala.

(b) The survey revealed that 2 per cent of the population was affected with Tuberculosis.

(c) and (d). The following schemes included in the National T.B. Control Programme are being implemented by the Government of Kerala as Centrally assisted schemes:—

(i) Establishment of T.B. Clinics

(ii) Establishment of T.B. Isolation Beds

(iii) B.C.G. Vaccination Programme.

A scheme for "Establishment of T.B. Rehabilitation Centres" has also been included by the Kerala Government in the State T.B. Control Programme.

Central assistance at the rate of 75 per cent of the non-recurring expenditure and 50 per cent of the recurring expenditure is given to the State Governments for the schemes included in the National T.B. Control Programme. However, in accordance with the prescribed accounting procedure, cash subsidies are not being paid to the State Governments for individual schemes but are given for a group of schemes. Specific information is, therefore, not available in regard to the actual amounts of cash subsidies drawn by the State Governments for the National schemes including the T.B. Control Programme up till now through the ways and means advances from the Central Government. However, according to the existing pattern, the Central assistance for the T.B. schemes in Kerala included in the National T.B. Control Programme so far works out to about Rs. 10.13 lakhs.

(e) The progress so far made in implementing the T.B. Schemes is detailed below:

(i) *T.B. Clinics.*—The Third Plan target is 9 Clinics, out of which one has already been opened. The construction of buildings for 6 Clinics is almost complete and they are expected to be opened early in 1964-65.

(ii) *T.B. Isolation Beds.*—The Third Plan target is 500 beds. Out of the above, buildings for 279 beds are under construction. Their construction is expected to be completed by 1964-65.

(iii) *B.C.G. Vaccination Programme*—During the Third Five Year Plan period, 10.73 lakh persons were tuberculin tested and 3.62 lakh persons were B.C.G. vaccinated upto the end of January, 1964.

(iv) *T.B. Rehabilitation Centres.*—The Third Plan target is three centres. Out of the above, two have been opened. The construction of buildings for the third centre is almost over and it is expected that the centre will be opened in April, 1964.

The following T.B. personnel have been trained at the National T.B. Institute, Bangalore during the III Plan period so far:

| | |
|---|---|
| Doctors | 5 |
| Laboratory Technicians | 5 |
| X-Ray Technicians | 5 |
| Health Visitors | 5 |
| BCG Team Leaders | 2 |
| | 22 |

**Premium Prize Bonds Prize-Draws**

1798. **Shri Sonavane:** Will the Minister of **Finance** be pleased to state the date fixed for two Prize-

draws for the Premium Prize Bonds under the Small Savings Scheme?

**The Minister of Finance (Shri T. T. Krishnamachari):** The dates have not yet been finally settled, but the first draw is likely to be held in May 1964 and the second, two months later.

### Sterilization of Bachelors

**1799. Shri Sonavane:** Will the Minister of **Health** be pleased to state:

(a) whether it is a fact that under Family Planning Scheme, bachelors are being sterilised by payment of incentives; and

(b) if so, the details of the Scheme?

**The Minister of Health (Dr. Sushila Nayar):** (a) No.

(b) Does not arise.

### Unclaimed Prizes

**1800. Shri Sonavane:** Will the Minister of **Finance** be pleased to state the total amount of unclaimed prizes under the Five Year Interest-Free Prize Bonds 1965 Scheme and reasons thereof?

**The Minister of Finance (Shri T. T. Krishnamachari):** Rs. 59 lakhs approximately for all the draws held up to 2nd December, 1963.

As the Bonds have been issued in the form of bonds payable to bearer, the prize money can be paid only when it is claimed by the holders. The results are being widely publicised and the lists of unclaimed prizes are also published from time to time.

### Rehabilitation Finance Administration

**1801. { Shri Dhuleshwar Meena: / Shri Ramachandra Ulaka:**

Will the Minister of **Finance** be pleased to state:

(a) in how many cases legal action has been taken against the guarantors of loanees for loans given by the Rehabilitation Finance Administration during 1963-64; and

(b) the amount realised from guarantors during the same period?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) No case against the guarantors has been referred to Law courts, but in 811 cases recovery of the loans as arrears of land revenue from them has been referred to the Collectors.

(b) No separate record of the recovery made from the guarantors is maintained because of the incommensurate time, labour and difficulty involved in the collection of the information.

### Audiometer Centres

**1802. { Shri Dhuleshwar Meena: / Shri Ramachandra Ulaka:**

Will the Minister of **Health** be pleased to state the number of audiometer centres opened by Government in the country in 1963-64 to test the type and nature of deafness?

**The Minister of Health (Dr. Sushila Nayar):** The position about the audiometer centres opened by Government during the previous two years in the country to test the type and nature of deafnets is indicated below:

| Year | No. of centres opened | States in which opened |
|---|---|---|
| 1961-62 | Four | One each in Punjab, Gujarat, Kerala and Delhi. |
| 1962-63 | Four | Mysore : 1 centre<br>Punjab : 2 centres<br>Delhi : 1 centre |
| TOTAL: | Eight | |

Complete information for 1963-64 is not available. The replies received from 11 States/Union Territories show that no new centres were opened in 1963-64.

**Smuggled Currency**

1803. { **Shri Dhuleshwar Meena:** / **Shri Ramachandra Ulaka:**

Will the Minister of **Finance** be pleased to state:

(a) the amount of smuggled currency seized by the customs authorities during May to December, 1963; and

(b) how much of it is lying undisposed of or unclaimed so far?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) Currency, both Indian and foreign, of the approximate value of Rs. 10·5 lakhs, was seized as smuggled, by the Customs, Land Customs and Central Excise authorities during the period from May to December, 1963 (figures of seizures by Vishakapatnam Customs are not available and have not been included). In addition, 6567 pieces of Chinese coins and 13,500 pieces of Tibetan coinage were also seized.

(b) Out of the currency seized currency of the approximate value of Rs. 8.5 lakhs was lying undisposed of and currency of the approximate value of Rs. 26,000 was lying unclaimed as on the 29th February, 1964. The Chinese and the Tibetan coins were also lying undisposed of or unclaimed.

**Private Limited Companies**

1804. { **Shri Dharmalingam:** / **Shri Muthu Gounder:**

Will the Minister of **Finance** be pleased to state:

(a) whether it is permissible under the Company Law for private limited companies being operated by members of the same or joint family without any outside shareholders; and

(b) whether there is any proposal to put an end to such practices?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) Yes.

(b) No.

**Laccadives Students in Kerala**

1805. { **Shri A. V. Raghavan:** / **Shri Pottekkatt:**

Will the Minister of **Health** be pleased to state:

(a) whether a large number of students from the Union Territory of Laccadives have been admitted in the Alapuzha Thirumalai Devaswom Medical College in Kerala;

(b) whether the Kerala University has now found that the admitted students have no requisite qualifications;

(c) the number of years they have been continuing in the medical course; and

(d) the steps taken to see that their studies are not interrupted?

**The Minister of Health (Dr. Sushila Nayar):** (a) to (d). Five students from the Union Territory of Laccadive, Minicoy and Amindivi Islands were admitted in the Alapuzha Thirumalai Devaswom Medical College in Kerala on the 26th August, 1963. The Kerala University intimated on the 21st February, 1964 that these students were not qualified for admission to the pre-medical course, having secured less than forty-five per cent marks in the Pre-university Examination. The University on being requested to reconsider, regularised on the 10th March, 1964, their admission as a very special case not to be considered a precedent. The students were not expelled from the College and their studies were not interrupted.

**Refugees from West Pakistan**

1806. { **Shri Gulshan:** / **Shri Y. N. Singha:** / **Shri P. H. Bheel:**

Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) whether any assurance was given to Scheduled Caste and Back-

ward Class refugees from West Pakistan for allotment of land, residential accommodation and shops in Punjab; and

(b) if so, how many people have been allotted land, residential accommodation and shops?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna)**: (a) In the matter of allotment of houses, shops, lands etc., no distinction is made between the displaced persons belonging to the Scheduled Castes and Backward Classes and others. Therefore, the question of holding any assurance to the displaced persons of Backward Classes does not arise.

(b) No separate statistics are maintained.

**Irrigation Projects in Kerala**

**1807. Shri P. Kunhan:** Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether the Kerala Government have requested the Centre for additional funds for completing the work on the various irrigation projects in the State;

(b) if so, the amount and the projects for which additional funds have been asked for; and

(c) whether Government have sanctioned the same?

**The Minister of Irrigation and Power (Dr. K. L. Rao)**: (a) and (b). Kerala Government asked for an additional provision of about Rs. 2 to 3 crores, outside the Plan ceiling under irrigation, for six new projects included in the Third Five Year Plan *viz.*, Pamba, Kuttiadi, Chitturpuzha, Kallada, Kanjirappuzha and Pazhassi.

(c) No.

**Cases against Gold Artisans**

**1808. Shri Kolla Venkaiah:** Will the Minister of **Finance** be pleased to state:

(a) the number of prosecution cases launched against gold artisans (i) before 21st September, 1963 and (ii) after 21st September, 1963 upto the end of January, 1964;

(b) the gold ornaments seized from the goldsmiths before 21st September, 1963 and after 21st September 1963 to January, 1964;

(c) whether any representations have been made for withdrawal of the cases launched and ornaments seized before 21st September, 1963; and

(d) if so, the response of the Government?

**The Minister of Finance (Shri T. T. Krishnamachari)**: (a) No prosecution was launched against gold artisans either before 21st September, 1963, or after that date upto the end of January, 1964.

(b) 1,32,935 grams of gold ornaments were seized from goldsmiths prior to 21st September, 1963, and 18,443 grams of ornaments were seized during the period 21st September, 1963 to 31st Januaray, 1964.

(c) Yes, Sir.

(d) Since the amendments made to the Gold Control Rules in pursuance of the statement made by me on the 21st September, 1963 did not have retrospective effect, the offences detected prior to that date have to be dealt with in accordance with the rules as they existed at the relevant time.

**Shifting of Government Offices from Delhi**

**1809. Shri D. C. Sharma:** Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) the up-to-date progress made in the matter of shifting Government offices from Delhi to some other places;

(b) the offices shifting during 1963 with the places where they have been shifted;

(c) the expenditure incurred on the same; and

(d) the offices proposed to be shifted during the current year?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) Eleven offices have been shifted in part or in full since 1st January, 1963.

(b) A statement is laid on the Table of the House. [*Placed in Library. See* No. LT-2626/64].

(c) The information is being collected and will be laid on the Table of the House.

(d) A statement is laid on the Table of the House. [*Placed in Library, See* No. LT-2626/64].

**मैसूर की सोने की खानों के लिए उपकरण**

१८१०. **श्री विश्वनाथ पाण्डेय** : क्या वित्त मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि भारत सरकार को मैसूर की स्वर्ण खानों का उत्पादन बढ़ाने के लिये एक ब्रिटिश फर्म से उपकरण प्राप्त हो रहा है ; और

(ख) यदि हां, तो कब तक और कितने रुपये का ?

**वित्त मंत्री (श्री ति० त० कृष्णमाचारी) :** (क) मैसूर राज्य की सोने की खानों में से, केन्द्रीय सरकार का सम्बन्ध सिर्फ कोलार की सोने की खानों के प्रतिष्ठान (अण्डरटेकिंग) के प्रशासन से है। इस प्रतिष्ठान को, अपनी खानों का सोने का उत्पादन बढ़ाने के लिए किसी ब्रिटिश फर्म से किसी तरह का साज-सामान लेने की कोई योजना नहीं है।

(ख) यह सवाल पैदा ही नहीं होता।

**Yoga Research Advisory Committee**

**1811. Shri Hari Vishnu Kamath:** Will the Minister of **Health** be pleased to refer to the reply given to Starred Question No. 548 on the 12th March, 1964 and to supplementaries raised thereon and state:

(a) the names of members of the Yoga Research Advisory Committee; and

(b) their qualifications, background and experience in this particular field?

**The Minister of Health (Dr. Sushila Nayar):** (a) The Yoga Research Advisory Committee consists of the following:—

| | | |
|---|---|---|
| 1. | Secretary, Ministry of Health. | Chairman. |
| 2. | Deputy Secretary, Ministy of Health. | Member. |
| 3. | Deputy Financial Adviser (Health). | Member. |
| 4. | Dr. C.G. Pandit, Director, Indian Council of Medical Research, New Delhi. | Member. |
| 5. | Dr. B. K. Anand, Professor of Physiology, A. I. I. M. S., New Delhi. | Member. |
| 6. | Deputy Secretary, Ministry of Education. | Member. |
| 7. | Adviser in I.S.M., Ministry of Health. | Member-Secretary. |

(b) The Committee is meant to advise the Government on matters relating to scientific investigations of the therepeutic and other aspects of Yoga and the assistance to be given to institutions for conducting such research. It is composed, therefore, of administrative personnel of the Ministry of Health and technical personnel connected with research. Dr. C. G. Pandit is the Director of the Indian Council of Medical Research, New Delhi, Dr. B. K. Anand, Professor of Physiology, All India Institute of Medical Sciences, New Delhi and Dr. C. Dwarakanath, Adviser in I.S.M., Ministry of

Health. They have experience of research work in the fields concerned. Dr. Anand has in fact conducted several interesting researches on certain aspects of Yoga such as the control of heart beat, *Samadhi* and existence in enclosed or buried state by Yogis. The representative of the Ministry of Education advises generally on the various questions dealt with by the Committee and particularly ensures co-ordination of the activities between the Ministry of Health and the Ministry of Education.

**Smuggling in Manipur from Burma**

1812. **Shri Rishang Keishing:** Will the Minister of **Finance** be pleased to state:

(a) whether Government are aware that large quantities of foreign-made goods including gold are being smuggled into Manipur from Burma;

(b) if so, the number of cases detected and goods seized by the Customs Department during 1962 and 1963;

(c) amount realised as duties and fines; and

(d) measures taken to prevent smuggling?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) and (b). As far as the Government is aware, there has been no large-scale smuggling of foreign-made goods from Burma into Manipur. In 1962, goods worth about Rs. 46,000 were seized in 145 cases. In 1963, goods worth about Rs. 65,500 were seized in 225 cases. No gold was seized during these years.

(c) Rs. 108 as fine.

(d) All possible vigilance is kept on the border.

**बिहार में ग्रामीण जल प्रदाय**

१८१३. **श्री सिद्धेश्वर प्रसाद :**
**श्री प्र० रं० चक्रवर्ती :**

क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगी कि :

(क) तीसरी पंचवर्षीय योजना की अवधि में बिहार में ग्रामीण जल प्रदाय के लिए कितनी राशि नियत की गयी और १९६३ के अन्त तक उसमें से कितनी राशि खर्च हुई ; और

(ख) इस संबंध में जो योजनायें पूरी की गईं उनका ब्यौरा क्या है ?

**स्वास्थ्य मंत्री (डा० सुशीला नायर) :** (क) तीसरी योजना अवधि में बिहार में ग्रामीण जल प्रदाय के लिये राष्ट्रीय जल प्रदाय एवं सफाई कार्यक्रम के अधीन १०.०० लाख रुपये की राशि नियत की गई थी। १९६३ के अन्त तक उसमें से कितनी राशि खर्च हुई इसके बारे में बिहार सरकार से सूचना एकत्र की जा रही है और उपलब्ध होने पर सभा-पटल पर रख दी जायेगी।

(ख) तृतीय पंचवर्षीय योजना के अंतर्गत राष्ट्रीय जल प्रदाय तथा सफाई कार्यक्रम के अधीन निम्नलिखित ग्राम जल प्रदाय योजनायें स्वीकृत की गई हैं :—

| | अनुमानित लागत (रुपये लाखों में) |
|---|---|
| १. बरविघा और मौर ग्राम | २.६७ |
| २. चारें और १६ अन्य ग्राम | ६.१४ |
| ३. नवी नगर एक्सटेन्शन | ३.८३ |
| ४. लतेहर, दुरना और रेलवे स्टेशन | १.६० |

जहां तक क्रियान्वित की गई योजनाओं का प्रश्न है, यह सूचना एकत्र की जा रही है और सभा-पटल पर रख दी जायेगी।

**Excise on Cotton Powerlooms**

1814. **Shri Jedhe:**
**Shri M. L. Jadhav:**
**Shri Lonikar:**

Will the Minister of **Finance** be pleased to state:

(a) the amount of excise duty earned from the cotton powerlooms on

account of powerlooms and processing during the years 1961-62, 1962-63, and 1963-64;

(b) whether it is a fact that the average income per year was on the decrease; and

(c) if so, the reasons therefor?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) A statement is laid on the Table of the House. [*Placed in Library. See* No. LT-2627/64].

(b) No, Sir.

(c) Does not arise.

**"Levy of Excise on Different Yarns"**

1815. **Shri Jedhe:**
**Shri M. L. Jadhav:**
**Shri Lonikar:**

Will the Minister of **Finance** be pleased to state:

(a) whether any distinction is made for levy of excise on yarn of different varieties, such as cotton yarn spun from Indian cotton, purely from imported cotton and mixed Indian and imported cotton;

(b) if so, how it is calculated;

(c) whether it is a fact that upto 51 Fr. count yarn can be spun from Indian Cotton; and

(d) if so, whether this fact is taken into consideration while levying excise duty?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) and (b). For purposes of levy of Central Excise duty on cotton yarn no distinction is made between yarn spun out of imported or indigenous cotton or from a mixture of the two. Different rates of duty have, however, been prescribed for yarns of different counts as in this Ministry's Notification No. 45/64-Central Excises, dated the 1st March, 1964, a copy of which is laid on the Table of the Sabha. [*Placed in Library. See* No. LT-2628/64].

(c) It is a fact that there are certain varieties of Indian cotton from which yarn upto 51 French counts can be spun. But the quantity of such types of cotton is very small.

(d) Yes, Sir. This is also one of the factors which was taken into consideration.

**निजी सम्पत्तियां**

१८१६. **श्रीमती चावडा:** क्या वित्त मंत्री यह बताने की कृपा करेंगे कि :

(क) देश में २० लाख रु० के मूल्य से अधिक सम्पत्ति वालों की संख्या कितनी है; और

(ख) ऐसे कितने हैं जिनकी सम्पत्ति ५० लाख रु० के मूल्य से अधिक है ?

**वित्त मंत्री (श्री ति० त० कृष्णमाचारी) :** (क) ३१ मार्च, १९६३ को ऐसे व्यक्तियों और अविभक्त हिन्दू परिवारों की संख्या—जिनकी "वास्तविक सम्पत्ति" (नेट वेल्थ), उनके सम्पत्ति-कर के अन्तिम निर्धारण (असेसमेंट) के आधार पर या सम्पत्ति-कर निर्धारण पूरा न होने की स्थिति में; अन्तिम विवरण (रिटर्न) में दिखायी गयी "वास्तविक सम्पत्ति" के आधार पर, २० लाख रुपये से अधिक मूल्य की थी—५९७ थी।

(ख) ऊपर (क) में बतायी गयी संख्या में से १२५ व्यक्तियों और अविभक्त हिन्दू परिवारों के पास ५० लाख रुपये से अधिक की "वास्तविक सम्पत्ति थी।

**Central Aid for New Industries**

1817. **Shri P. C. Borooah:**
**Shri Bal Krishna Singh:**

Will the Minister of **Works, Housing and Rehabilitation** be pleased to state:

(a) whether Central aid has been asked for by some of the States for

starting new industries in order to rehabilitate the refugees;

(b) if so, the total loans thus asked for;

(c) whether any such request has also been received from Assam, and if so, for how much; and

(d) Government's decision on these requests?

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** (a) to (d). The Governments of Assam, Madhya Pradesh, Maharashtra and Orissa have proposed starting of industries in which new migrants from East Pakistan could be resettled. Schemes when received will be expeditiously examined.

**अनिवार्य जमा योजना**

१८१८. { श्री कछवाय :
श्री बृज राज सिंह :

क्या वित्त मंत्री यह बताने की कृपा करेंगे कि :

(क) अनिवार्य जमा योजना लागू करते समय व्यवस्था की दृष्टि से कितने अतिरिक्त कर्मचारी रखे गये थे;

(ख) उन पर कितना मासिक व्यय हुआ;

(ग) योजना को लागू करते समय कितने रुपये की स्टेशनरी तथा अन्य आवश्यक सामग्री खरीदी गई; और

(घ) अनिवार्य जमा योजना के अधीन कुल कितना धन जमा हुआ?

**वित्त मंत्री (श्री ति० त० कृष्णमाचारी) :** (क) और (ख). अनिवार्य जमा योजना लागू करने के लिए जमा कार्यालयों में जो कर्मचारी रखे गये थे और जिन पर होने वाला वास्तविक खर्च जमा कार्यालयों को लौटा दिया जाता है—उनके अलावा सरकार ने और कर्मचारी नियुक्त नहीं किये थे। जमा कार्यालयों के खर्च के सम्बन्ध में पूरी सूचना अभी उपलब्ध नहीं है।

(ग) लगभग १९.२३ लाख रुपये।

(घ) संशोधित अनुमान के अनुसार, आशा है कि १९६३-६४ में वास्तविक संग्रह की रकम १५ करोड़ रुपये तक पहुंचेगी।

**Leprosy Patients Colony Near Shahadara (Delhi)**

**1819. Shri P. C. Borooah:** Will the Minister of Health be pleased to state:

(a) whether there is any scheme for providing a maternity centre for the leprosy patients colony near Shahadara (Delhi);

(b) if so, the details thereof; and

(c) whether there is also a scheme for mass sterilisation of leprosy patients in the colony for Shahadara so as to prevent spread of the disease to generations to come?

**The Minister of Health (Dr. Sushila Nayar):** (a) and (b). There is no such scheme of the Government of India or the Delhi Administration. However, the Kusht Rogi Sewa Samiti—a voluntary organisation—has a proposal to start a maternity and child welfare centre for persons suffering from leprosy in the Anand Gram Colony near Shahadara. It is reported that the funds required for building this centre will be provided by the Jor Bagh Ladies' Club while the expenditure on other items will be incurred by the Kusht Rogi Sewa Samiti.

(c) There is no scheme for mass sterilisation of those suffering from leprosy, as leprosy is a curable disease. It is desirable that they should not have children while suffering from leprosy. The persons suffering from leprosy are extended facilities for voluntary sterilisaion and sixty sterilisations are said to have been

done. It is reported that a doctor from Tirath Ram Sah Hospital performs sterilisation operations in the Anand Gram Colony.

**Refinance Corporation for Industry**

**1820. Shri Sham Lal Saraf:** Will the Minister of **Finance** be pleased to state:

(a) the commitment entered into by the Refinance Corporation for Industry with the applicant industrialists by the end of December, 1963;

(b) the amounts sanctioned and that actually disbursed and how much more will be disbursed as per applications received upto the said date; and

(c) whether the total finances involved in these transactions are available from its own resources with the Corporation and if not, the steps being taken to augment its finances?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) and (b). The details are as follows:

| | Amount in Rs. crores |
|---|---|
| Applications for loans received by the Corporation upto, the end of December 1963 | 63·81 |
| Applications sanctioned | 51·21 |
| Sanctions treated as lapsed | 3·13 |
| Sanctions not availed of | 2·85 |
| Refinance disbursed | 28·17 |
| Loans still remaining to be disbursed | 17·06 |

(c) The Corporation's resources have been supplemented by loans granted by the Central Government. The entire amount of Rs. 26 crores earmarked by the Central Government for the grant of loans to the Corporation has since been drawn and utilised, but a proposal to grant to the Corporation a second and supplementary line of credit upto an amount of Rs. 25 crores is now under consideration.

**Security Paper Mill, Hoshangabad**

**1821. Shri Hari Vishnu Kamath.** Will the Minister of **Finance** be pleased to state:

(a) whether the construction of the Security Paper Mill, Hoshangabad is behind schedule; and

(b) if so, the reason therefor?

**The Minister of Finance (Shri T. T. Krishnamachari):** (a) The Security Paper Mill was originally expected to go into production by September, 1964. The commissioning of the mill is, however, likely to be postponed by about eight months.

(b) The main reason is the delay in the award of the contract for the construction of the main mill building due to the non-availability of suitable contractors. This contract has since been awarded for completion of the work by December, 1964 and the civil works have been proceeding satisfactorily.

**Quarters for Incometax Staff**

**1822. Shri S. M. Banerjee:** Will the Minister of **Finance** be pleased to state:

(a) whether some quarters were constructed for the staff of Incometax Department in 1963;

(b) if so, the number of quarters; and

(c) the number of quarters to be constructed in 1964?

**The Minister of Finance (Shri T. T. Krishnamachari):** The information is being collected.

**दिल्ली में सरकारी अस्पताल**

१८२३. { **श्री ओंकार लाल बेरवा :**
**श्री राम हरख यादव :**

क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगी कि:

(क) क्या यह सच है कि सरकार ने दिल्ली के अस्पतालों की देख-भाल के लिए एक समिति का निर्माण किया है;

(ख) यदि हां, तो उस समिति का क्या काम होगा;

(ग) उस समिति में कितने सदस्य हैं तथा उनके नाम क्या हैं; और

(घ) क्या वह समिति दिल्ली के सब सरकारी अस्पतालों की देख-भाल करेगी?

**स्वास्थ्य मंत्री (डा० सुशीला नायर) :** (क) दिल्ली के दो केन्द्रीय सरकारी अस्पतालों, सफदरजंग और विलिंगडन, के लिये दो अलग अलग सलाहकार समितियां बनाई गई हैं।

(ख) और (ग). एक विवरण सभा पटल पर रखा गया है [पुस्तकालय में रखा गया, देखिये संख्या एल टी-१८२९।६४]

(घ) जी नहीं।

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**12 hrs.**

## *RE.* CALLING ATTENTION NOTICE

**Mr. Speaker:** Calling Attention. Shri R. Barua.

**Shri S. M. Banerjee** (Kanpur): May I submit one thing before you take up the Calling Attention? It is on another Calling Attention.

I wish to bring to your kind notice that a Calling Attention Notice on this helicopter which was sighted in some of the border areas two times was also tabled. The Defence Ministry has written to us that this news was wrong. I would only request the hon. Minister, since it has been repeated in Bengali newspapers, to kindly throw some light on it.

**Mr. Speaker:** If the Ministry says it is wrong, what else does he want?

**Shri S. M. Banerjee:** It has come in the papers.

**Mr. Speaker:** Shri R. Barua.

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**12.02 hrs.**

## CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

REPORTED VIOLATION OF INDIAN AIR SPACE IN TRIPURA BY PAKISTANI HELICOPTER AND DAKOTA.

**Shri R. Barua** (Jorhat): I call the attention of the Minister of Defence to the following matter of urgent public importance and I request that he may make a statement thereon:

> The reported violation of Indian air space in Tripura by a Pakistani helicopter and a Dakota on the 27th March, 1964.

**The Minister of Defence (Shri Y. B. Chavan):** Government has seen the report, which has been published in some newspapers, that a Pakistani helicopter crossed six miles of Indian territory on March 28 and flew over the Halflong-Chera area of Dharma Nagar in the Northernmost subdivision of Tripura—and that on the same afternoon, a Pakistani Dakota violated Indian air space in southern Tripura.

There is no information with the Air Headquarters or the Government regarding the Pakistani Helicopter. As regards the Dakota a report has been received on 1-4-1964 by the Air Headquarters, from the Tripura Administration informing that a Pakistani Dakota was sighted over a certain point the co-ordinates of which had been given. According to this there appears to be no violation of our territorial space.

**Shri R. Barua:** When Pakistan shot down our Canberra a few years ago, what prevents our Government from intercepting the slow-moving helicopter or Dakota which comes into our territory? Is it due to our lack of preparedness?

**Shri Y. B. Chavan:** I am speaking about the present reports that appeared in the last two or three days, particularly yesterday. The information that I have given is about these reports.

**Dr. L. M. Singhvi** (Jodhpur): In view of the fact that what appears in the press is known to the Ministry only because it appears in the press and not through its own agency, we would like to know what arrangement Government have for expeditious collection and transmission of such information, and what arrangements Government have made since various incidents have been happening for effective vigilance on the border against violation of our air space.

**Shri Y. B. Chavan:** Normally, in these cases, the Tripura Administration sends the information to the Eastern Air Command and the Eastern Air Command get in contact with Air Headquarters here. I think we try to get the information as quickly as possible.

**श्री यशपाल सिंह** (कैराना) : ऐसा इंतजाम कब तक हो जायेगा कि जो हमारी वायु सीमा का अतिक्रमण करके अन्दर आये वह वापिस न जा सके ?

**श्री रामेश्वरानन्द** (करनाल) : प्रश्न का उत्तर आना चाहिए । आखिर यह बात क्या है कि हमारा विमान अगर कभी ग़लती से उधर चला जाता है तो वह वापिस नहीं आता लेकिन दूसरों के विमान चाहे हैलीकोप्टर हमारी वायु सीमा का अतिक्रमण करके अन्दर चले आते हैं और फिर वापस लौट जाते हैं और इसके लिए कह दिया जाता था कि हम को उनका ज्ञान ही नहीं था ।

**अध्यक्ष महोदय** : स्वामी जी, इस तरह से बगैर बुलाये हुए बीच में बोल उठना उचित नहीं है ।

**श्री रामेश्वरानन्द** : जब वह उत्तर न दें तो इतना तो कहने का हक़ है ही ।

**अध्यक्ष महोदय** : अगर वह उत्तर देने के लिए नहीं उठते हैं तो इसके लिए माननीय सदस्य पर तो यह जिम्मेदारी आ नहीं जाती है कि वे उठ जायें और बोलने लग जायें ।

**Shri P. Venkatasubbaiah** (Adoni): Quite recently also there was an intrusion into our territory on the Bengal border by a Pakistani helicopter. Keeping that in view, may I know what arrangements do Government propose to make to install the equipment necessary, such as radar, etc. to detect low flying enemy helicopters on our border?

**Shri Y. B. Chavan:** On the basis of the landing of the helicopter, we have issued certain instructions to local authorities to deal with such landing. I cannot undertake that I will give some radar equipment for this type of thing, particularly in that area.

**Shri Hem Barua:** There are reports of repeated airspace violations by Pakistani aircraft, particularly in this area and the reports have always come true except in this particular case.... (*An Hon. Member*: How do you know?) He has said that it was not true. Maybe, I am wrong; and it may also come to be true ultimately. On a previous occasion the hon. Defence Minister gave us an assurance that Pakistani aircraft violating our airspace would be brought down and after that there have been violations and no action has been taken.

**Mr. Speaker:** What about the present?

**Shri Hem Barua:** I am linking it up with the present. In this con-

text may I know whether Government by its failure to implement an assurance given by the Defence Minister in this House and by this inept inaction have not exposed to the world how imbecile our air defences are?

**Shri Swell** (Assam-Autonomous Districts): The hon. Minister has stated that the air headquarters had no information about the intrusion of the Pakistani helicopter although the Press reported that the helicopter hovered over Indian territory for fifteen minutes. I want to know from the hon. Minister whether we have any system of air patrolling in that area or air-watching of that area or we leave it absolutely blank?

**Shri Y. B. Chavan:** There is no air watching as such in that particular area; we have not got any air force post in that particular place.

**Shri Hem Barua:** How do you propose to shoot them down? You gave the assurance.

**Mr. Speaker:** Order, order. Shri Jashvant Mehta.

**Shri Jashvant Metha** (Bhavnagar): As the hon. Minister clarifies today that the report is not correct and as this news item appeared in the Press two days ago....

**Mr. Speaker:** If they want information from the Government, the Minister gives one information but they try to contradict it from the newspapers report.

**Shri Jashvant Mehta:** I want to draw the attention of the House also to this. May I know why Government has not issued immediately a contradiction to the Press reports when the news is not correct? Why do they waste the time of this House and allow this anxiety to remain for the people of this country?

**Shri Hem Barua:** Sir, I think you will support him.

**Shri Y. B. Chavan:** In certain matters we will have to wait for further information. If certain information comes in course of time I cannot issue a contradiction like that. In the case of one matter, I have given the contradiction here also.

**Shri Hem Barua:** You always want that time should not be wasted. Have you not got anything to tell them on this matter, Sir?

**श्री प्रकाशवीर शास्त्री** (बिजनौर) : समाचारपत्रों को समाचार पहले मिल जाता है और संरक्षण मंत्री और संरक्षण मंत्रालय को बाद में मिलता है तो क्या इन तमाम परिस्थितियों को ध्यान में रखते हुए सैनिक गुप्तचर विभाग को सैनिक सुरक्षा विभाग ने इस प्रकार का निर्देश दिया है कि वह भविष्य में अधिक जागरूक रह कर काम करे ?

**Shri Y. B. Chavan:** It think the standing instructions are there.

**Shri Ranga** (Chittoor) These standing instructions are not being observed by anybody and the House has always to get information from the newspapers.

**Mr. Speaker:** The Members feel exercised whether any attempt is made to contact those correspondents also who issued this news to find out what is the source of their information with them to issue such news.

**Shri Y. B. Chavan:** Normally, in the case of Tripura, we have to depend upon the news from the Tripura Administration. We can at the most check up with them. In the case of the Dakota, we have got the information and I gave the information after a reading of it.

**Mr. Speaker:** Would it not be advisable to ask the State Governments also, when something appears in the papers, about it?

**Shri Y. B. Chavan:** We shall do that also.

12.10 hrs.

## RE. CALLING ATTENTION NOTICE

**श्री ओंकार लाल बेरवा** (कोटा) : अध्यक्ष महोदय, एक व्यवस्था का प्रश्न है ।

**श्री रामसेवक यादव** (बाराबंकी) : अध्यक्ष महोदय, एक व्यवस्था का प्रश्न है ।

**अध्यक्ष महोदय** : मैंने पहले भी कहा है कि जब एक काम ख़त्म हो और दूसरा अभी शुरू न हो, तो कोई व्यवस्था का प्रश्न नहीं उठ सकता है ।

**श्री ओंकार लाल बेरवा** : वह काम खत्म हो गया है और अब दूसरा है ।

**अध्यक्ष महोदय** : दूसरा क्या है ?

**श्री ओंकार लाल बेरवा** : आप दूसरा काम हाथ में ले रहे थे ।

**अध्यक्ष महोदय** : जब मैं हाथ में लूंगा, तो माननीय सदस्य उसके बारे में व्यवस्था का प्रश्न उठा सकते हैं । अब वह बैठ जायें ।

**श्री रामसेवक यादव** : अध्यक्ष महोदय, .....

**अध्यक्ष महोदय** : आप क्या कहना चाहते हैं ?

**श्री रामसेवक यादव** : अध्यक्ष महोदय, मैं निवेदन करना चाहता हूं कि हम लोगों ने कई ध्यानाकर्षण नोटिस दिये थे ।

**अध्यक्ष महोदय** : उनके बारे में मैं यहां नहीं सुनूंगा ।

**श्री रामसेवक यादव** : श्रीमन, आपने एक हफ्ते तक उनको अपने विचाराधीन रखा । वह दातार वाला प्रश्न है । हमको पता नहीं चला कि आपने क्यों मना किया है । वह इतना महत्वपूर्ण प्रश्न है ।

**अध्यक्ष महोदय** : क्या आप दातार साहब के बारे में कह रहे हैं ?

**श्री रामसेवक यादव** : जी हां :

**अध्यक्ष महोदय** : क्या आपको इत्तिला नहीं दी गयी कि वह ग़लत है ?

**श्री रामसेवक यादव** : हम लोगों को इत्तिला नहीं दी गई कि वह ग़लत है ।

**श्री कछवाय** (देवास) : अभी इत्तिला नहीं मिली है ।

**अध्यक्ष महोदय** : तो मैं आपको अब इत्तिला देता हूं कि वह ग़लत है और दातार साहब के साहबजादे ने उस शख़्स पर डिफ़ेमेशन का नोटिस दे दिया है, जिस ने यह ख़बर छापी है ।

**श्री कछवाय** : क्या समाचारपत्रों में उसका प्रतिवाद प्रकाशित किया गया है या नहीं ?

**श्री राम सेवक यादव** : अध्यक्ष महोदय, मैं एक जानकारी चाहता हूं ।

**अध्यक्ष महोदय** : मैं इस तरह की जानकारी नहीं दे सकता हूं । आप बैठ जायें । वक्त आने पर मैं आपसे पूछ लूंगा कि आप क्या चाहते हैं ।

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12.13 hrs.

## PAPERS LAID ON THE TABLE

### REPORT OF COMMITTEE ON PREVENTION OF CORRUPTION

**The Minister of Home Affairs (Shri Nanda)**: I beg to lay on the Table a copy of Report of the Committee on Prevention of Corruption. [*Placed in Library. See* No. LT-2620/64].

**Shri Hari Vishnu Kamath**: (Hoshangabad): Sir, on a point of information. Do the Government propose to accept

the recommendations of the final report of the Committee, which are reportedly intended to tackle corruption at the political and ministerial level with the same alacrity and courage with which they accepted the recommendations in the interim report of the Committee?

**Shri Nanda:** I have just received a copy of the report. I shall look into it and do the right thing with great speed always.

**Shri Hari Vishnu Kamath:** On a point of order. Is the Minister expected to place any document on the Table of the House without reading the document? He said he has not read it. It is very strange; very strange things are happening in this Government. The Government are somnolent. (*Interruption*).

**Shri Nanda:** The members of the Committee met me and said that it will take some time to look into the matter and to make up our mind about it and so it will help them if we have a copy of the report laid on the Table of the House immediately. So, I did.

**Shri D. C. Sharma** (Gurdaspur): Sir, my name was also there on the Calling Attention Notice. It was never taken notice of.

**Mr. Speaker:** I am sorry if I have omitted to note it.

**Shri S. M. Banerjee** (Kanpur): The Committee has unanimously recommended, and as Shri Kamath said, strong action should be taken against those involved in cases of corruption at the political level, including Ministers and others. I want to know whether the Government is in a position to implement this particular recommendation at the earliest opportunity

**Mr. Speaker:** Let the report be studied.

**Shri Hem Barua** (Gauhati): On Monday, the news appeared about it and the recommendations are also out —the recommendations of the Committee about corruption, that is, the Santhanam Committee. The news item said it was a "unanimous report, due to be signed and submitted tomorrow morning to Government." Before the report containing the recommendations was submitted to Government, they were out in the newspapers. I do not say that the Government sources divulged the recommendations to the press, but they must have been divulged by the Committee itself. Where the recommendations are divulged like that, is it not also another type of corruption? That is what strikes me. (*Interruption*).

**Mr. Speaker:** Order, order.

**Shri Hem Barua:** What is your reaction to this, Sir?

**Mr. Speaker:** My reaction is that the hon. Member might resume his seat.

## IMPORT POLICY FOR NEWSPRINT FOR 1964-65

**The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha):** Sir, on behalf of the Minister of International Trade, I beg to lay on the Table a copy of the Import Trade Control Public Notice No. 28-ITC(PN)/64, dated 2nd April, 1964. [*Placed in Library. See* No. LT-2621/64].

## AMENDMENTS TO ARTICLES OF HINDUSTAN HOUSING FACTORY LIMITED, NEW DELHI

**The Minister of Works, Housing and Rehabilitation (Shri Mehr Chand Khanna):** I beg to lay on the Table a copy of Statement on the amendment to the Articles of Association of the Hindustan Housing Factory Limited, New Delhi. [*Placed in Library. See* No. LT—2622/64.]

12.15 hrs.

## BUSINESS OF THE HOUSE

**The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha):** Sir, I announced the other day the order in which demands for grants relating to the various Ministries are to be taken up. I had indicated that in order to complete the discussion and voting on the demands relating to all the Ministries by 5 P.M. on Wednesday, April 15, 1964, it is essential to have a special sitting of the House on Saturday the 11th.

**Some Hon. Members:** No, Sir.

**Shri Satya Narayan Sinha:** I request with your kind permission, that the House may kindly agree to have a special sitting on the 11th.

**Some Hon. Members:** No.

**Mr. Speaker:** Order, order. I will put it to the House and the House has to decide.

**श्री ओंकार लाल बरवा** (कोटा) हाउस तो "नहीं" कह रहा है ।

**अध्यक्ष महोदय** : एक मेम्बर के कहने से तो फ़ैसला नहीं हो सकता है ।

**Shri Kapur Singh** (Ludhiana): The hon. Minister always wishes to drive us like yoked cattle.

**Mr. Speaker:** He has just made a request to the House and it is for the hon. Members to decide. If they do not want it, I am not going to force it on them. He has come with that request before the House.

On the one hand there is a demand even from smaller groups that they must be provided opportunities on each and every demand. When I had warned the smaller groups that they should be careful in utilising their time, that they have overdrawn already and it is not possible to give them opportunity on every demand, one hon. Member has written to me "यह कुठार घात हैं उन के हक पर" I am surprised that the Members should use such phrases and such words, when they are writing to the Speaker. That is not fair.

The other day, when I was replying to Mr. Bagri in Hindi, because I spoke in Hindi, two Members of this House wrote to me, "Is this an insidious attempt to force Hindi imperialism on the House?"

**Some Hon. Members:** Shame, shame!

**Mr. Speaker:** That should not be the attitude; some etiquette should be observed.

**Dr. M. S. Aney** (Nagpur): Why don't you name those Members?

**Mr. Speaker:** They are here and they are feeling it. I can see it in their faces.

**Shri Narasimha Reddy** (Rajampet): It was I who wrot to you. You gave your ruling in Hindi and we expected that at the end of it you would translate it into English. But you did not.

**Shri Nambiar** (Tiruchirapalli): We should also follow the proceedings. It is out right. I support Mr. Narasimha Reddy. Hindi cannot be imposed on us.

**श्री बागड़ी** (हिसार): अध्यक्ष महोदय . . .

**Mr. Speaker:** Order, order. There ought not to be any excitement in this respect. I am not objecting to that demand. They can ask for that. That is a different thing, but when they are writing to me a letter, that must be polite. I cannot tolerate such things. Those words should not be used. That is my objection. I am not objecting to their demand, but it is not possible that every word that is spoken here must be translated into English or Hindi.

**Shri Narasimha Reddy:** It was not one or two words, but the ruling went on for 10 minutes in Hindi.

**Mr. Speaker:** He is still persisting in his demand.

I am putting it to Mr. Yadav, the Leader of the Socialist Group, that when the reaction of the House is that it is not prepared to sit on Saturday, then I cannot extend the time and give his group an opportunity on every demand.

**श्री रामसेवक यादव** (बाराबंकी) : अध्यक्ष महोदय, मैंने यह प्रश्न दूसरी पार्लियामेंट में उठाया था और उसके बाद मैंने सदन में आप से निवेदन किया था। शनिवार को सदन बैठता है या नहीं बैठता है, कितने दिन सदन बैठता है और कितने दिन नहीं बैठता है, कितने दिन सदन की अवधि होती है, कितने दिन नहीं होती है, ये प्रश्न नहीं हैं। प्रश्न यह है कि जो दल हैं, जिनकी एक निश्चित कोई नीति है, संगठन है बाहर, उनकी संख्या एक है यहां पर या दो हैं या चार है या पांच है या दस है, हर एक विषय पर बोलने का अवसर उनको मिलना चाहिये। चूंकि नीति सम्बन्धी सब प्रश्न आते हैं, इस वास्ते उन्हें समय मिलना चाहिये। कम समय मिले, इसको तो मैं समझ सकता हूं, दो माननीय सदस्य न बोलें, एक को आप बोलने का वक्त दें, इसको भी मैं समझ सकता हूं। लेकिन कितने दिन सदन चलेगा, कितना समय होगा, कुल मांगों पर, दल के सदस्यों की संख्या इस हिसाब से जब समय आप बांटते हैं तो वह उचित नहीं है।

**अध्यक्ष महोदय** : अब आप .....

**श्री रामसेवक यादव** : मेरा निवेदन आप सुन लें। बदकिस्मती से समझिये, एक शब्द "कुठाराघात" लिख दिया गया था जिसका आपने जिक्र कर दिया है। मैं निवेदन करूंगा कि इसको .....

**कुछ माननीय सदस्य** : इस को वापिस ले लो।

**श्री रामसेवक यादव** : "कुठाराघात" शब्द का अर्थ अगर अध्यक्ष महोदय ने अपनी निजी हसियत में ले लिया हो तो मुझे जरूर इसके लिए दुःख है। जिस तरह से जनतंत्र में बहुमत के इशारे पर, जनतंत्र में बहुमत के मनमाने ढंग पर काम चलता है, मैंने इस शब्द का उसके लिए प्रयोग किया था। आप से मेरा कोई मतलब नहीं था .....

**अध्यक्ष महोदय** : आपने और ज्यादती की है।

**श्री रामसेवक यादव** : "इशारे" शब्द को मैं वापिस लेता हूं। वह मैं कहना नहीं चाहता था।

मेरा निवेदन है कि सदन की अवधि बढ़ जाए, समय बढ़ा दें, कोई रास्ता मंत्री महोदय निकालें, आप निकालें, हमें कोई एतराज नहीं है, लेकिन संख्या के आधार पर समय का निर्धारण अगर होगा और दलों को अपनी बात कहने का मौका सभी नीति सम्बन्धी विषयों पर नहीं मिलेगा तो फिर यहां आने का क्या अर्थ रह जाता है .....

**अध्यक्ष महोदय** : मैंने आपको सुन लिया .....

**श्री रामसेवक यादव** : सुन लें आप मझ। संख्या ही अगर सब कुछ है, तब तो सत्तारूढ़ दल की संख्या चूंकि बहुत अधिक है, इसलिए ७० प्रतिशत, ८० प्रतिशत समय उनको ही जाना चाहिये, तब तो दूसरों के लिये समय और भी कम हो जाता है। एक विधान सभा की नजीर मैं आपके सामने रखना चाहता हूं। केवल एक सदस्य कम्युनिस्ट पार्टी का उत्तर प्रदेश विधान सभा में था। लेकिन वहां के अध्यक्ष महोदय ने उसको हमेशा, हर विषय पर बोलने का मौका दिया है। मेरा निवेदन है कि चाहे उस दल को कम समय आप द, दो के बजाय एक माननीय सदस्य को बुलायें लेकिन हर एक संगठित दल को हर एक विषय पर बोलने का मौका दिया जाना चाहिये।

**अध्यक्ष महोदय** : अब आप छोड़े इसको ....

**श्री रामसेवक यादव** : मैं चार मांगों को छोड़ चुका हूं ।

**अध्यक्ष महोदय** : आपको मालूम होना चाहिये कि अपोजीशन और कांग्रेस का कोई झगड़ा इसमें नहीं है । कांग्रेस की तादाद, उसकी गिनती, उसकी संख्या तो ज्यादा है ही । फिर भी यह फैसला हो चुका है कि ६० परसेंट समय उनको दिया जाए और ४० परसेंट दूसरों को दिया जाए । ६० परसेंट डिमांडज पर जो मैं उनको दे रहा हूं वह भी उनको नहीं मिल रहा है, पचास परसेंट ही कभी कभी मिलता है । उसमें से भी तीन तीन मिनिस्टर बोलना चाहते हैं, मेम्बर बेचारों को तो बहुत कम मौका मिलता है । लेकिन इससे अपोजीशन को क्या .....

**श्री कछवाय** (देवास) : ६० परसेंट इधर और ४० परसेंट उधर कर दें ।

**अध्यक्ष महोदय** : आप अगली बार कोशिश कर के ऐसे आयें तो मैं ऐसा कर दूंगा ।

**श्री रामसेवक यादव** : वह भी बुरा होगा ।

**श्री कछवाय** : बहुत जल्दी पूरा होगा ।

**अध्यक्ष महोदय** : ४० परसेंट को तक्सीम करने की बात का जहां तक ताल्लुक है, यह अपोजीशन वालों का अपना काम है, मेरे साथ वे बैठ जायें और फैसला कर लें । कम्युनिस्ट या स्वतन्त्र या प्रजा सोशलिस्ट पार्टी आदि के जितने भी आदमी हैं, वे एक एक मिनट मुझसे गिना कर लेते हैं और कहते हैं कि हमारे दो मिनट बाकी हैं, तीन मिनट और दे दें या तीन मिनट बाकी हैं दो मिनट और दे दें तो पांच मिनट में एक माननीय सदस्य बोल सकता है । जब कोई भी पार्टी एक मिनट भी छोड़ने के लिए तैयार नहीं है तो मैं समय कहां से लाकर दे दूं, किस तरह से हर एक को मैं बोलने की इजाजत दे दूं और हर विषय पर बोलने की इजाजत दे दूं । मैं आपके साथ बैठने के लिए तैयार हूं, अपोजीशन पार्टी वाले आ जायें और अगर उनमें कोई समझौता हो सके तो मुझे इसमें कोई एतराज नहीं है । मैं वक्त हर एक को देना चाहता हूं । मुझे इसमें कोई एतराज नहीं है ।

**श्री शिव नारायण** (बांसी) : हर एक इस सदन में बराबर का मेम्बर है, हर एक को ईक्वल अपरचुनिटी मिलनी चाहिये । हर एक किसी न किसी निर्वाचन क्षेत्र से चुन कर आया है और किसी न किसी निर्वाचन क्षेत्र को वह रिप्रिजेंट करता है । हर एक के बराबर के राइट्स हैं । मैं प्रार्थना करता हूं कि हर एक मेम्बर को विदाउट डिस्टिंकशन चांस मिलना चाहिये । यह आप पर डिपेंड करता है और आप सही जजमेंट दें । आप जिसको चाहे बुलायें, जिसको चाहे न बुलायें । यह आप ट्रेडीशन कर दें कि हर एक को राइट है ।

**अध्यक्ष महोदय** : जहां अपोजीशन कमजोर हो, वहां उसको जरा ज्यादा हक देना पड़ता है ।

**Shri Hari Vishnu Kamath** (Hoshangabad): Mr. Speaker, I want to make a two-fold request in regard to the motion before the House, moved by the Minister of Parliamentary Affairs, regarding the sitting on Saturday. With regard to the language issue which you raised, I believe the simultaneous translation arrangement is functioning satisfactorily.

**Mr. Speaker**: We are not concerned with it now.

**Shri Hari Vishnu Kamath**: All right. It does not arise. About the sitting on Saturday, I appreciate that this issue cannot be resolved by extending the session, because the Finance Bill

has got to be passed by a certain date. Therefore, I would request you to direct the Government to examine more carefully than they have done so far as to whether the Finance Bill could not be passed by this House on the 22nd April, instead of on the 21st April. It has to reach the President before the 29th of April. So, I think there will be enough time for the Bill to go to the other House, get passed there and then reach the President for his assent. I would request the Minister to examine this question more closely.

**Shri Satya Narayan Sinha:** Sir, I hope you will remember, and the House will also remember, that about ten days back I had hinted that as we are going behind the schedule we might have to guillotine some of the demands which will come last. Because, as my hon. friend has rightly pointed out, there is no question of extending the session; that can be done in other cases; but, in this case, the Finance Bill has got to be passed and returned by the other House and receive the assent of the President before a particular date. We have examined the whole question. It is a matter on which nobody knows what will happen and at least the Government would not like to take any risks. We want the Finance Bill to be passed by this House by the 21st at the latest.

**Shri Hari Vishnu Kamath:** May I submit in all humility that I have worked it out and according to my computation there is no risk whatsoever in getting it passed here on the 22nd April. There will still be a week after that. Sir, if they are not willing, you may consider the matter.

**डा० राम मनोहर लोहिया** (फर्रुखाबाद) अध्यक्ष महोदय, पूरे सत्र के लिए समय एक साथ बांट देंगे तो इससे अन्याय होगा। हर एक मंत्रालय के ऊपर अलग-अलग बहस के वक्त जब समय बांटा जाता है, तो उसका कोई अर्थ नहीं रह जाता है। इसलिए किसी भी दल के लिए पूरे सत्र का समय अगर आप बांट देते हैं तो नतीजा होता है जैसे उस दल को १०, १५, २० या २५ दिन के लिए निकाल देना। इतने दिनों के लिए उसको निकाल देने का सा असर इसका पड़ जाता है। इसलिये उचित होगा कि हर बहस पर अलग से समय आप बोलने के लिए दें चाहे दो मिनट ही .....

**अध्यक्ष महोदय :** हर एक बहस पर बुलाया जाता है, अलग से बांटा जाता है। Then, may I know the sense of the House? Is the House prepared to sit on Saturday?

**Some hon. Members:** Yes.

**डा० राम मनोहर लोहिया :** शनिवार नहीं, इतवार, सोमवार, आदि सब दिन बैठेंगे।

**Mr. Speaker:** Then, I would request those hon. Members who are not prepared to sit, to reconcile themselves. We have to sit on Saturdey. We will see what can be done for the future. Because, I also feel that the two days at the week end, Saturday and Sunday, should be off days. In future, that might be kept in mind while fixing the business of the House.

**श्री बागड़ी :** अभी जो कुछ आपने अंग्रेजी में कहा है, उसको हिन्दी में भी कह दें। जब मेरे सवाल के जवाब में यह कहा जाता है कि जो कुछ आपने हिन्दी में कहा उसको अंग्रेजी भी कहना चाहिये था, तो आप जो बात सारे हाउस के वास्ते कह रहे हैं वह हिन्दुस्तानी में भी बता दें तो बहुत अच्छा होगा। जब आप उसको हिन्दी में नहीं बताते हैं तो हमें क्या करना चाहिये ?

**अध्यक्ष महोदय :** आप बैठ जाइये।

**श्री रामसेवक यादव :** आज अखबारों में हम लोगों ने पढ़ा है कि सर्वोच्च न्यायालय ने लोक सभा को भी बुलाया है। क्या उसका

[श्री रामसेवक यादव]

नोटिस, श्रीमन्, आपके पास आ गया है ? यदि आपको वह मिल गया है तो किस तरह से इस सदन को वहां पर प्रस्तुत किया जायेगा, किस तरह से क्या होगा, यह भी तो बता दें ....

**अध्यक्ष महोदय** : यह सवाल यहां नहीं उठाया जा सकता है । यह गवनमेंट का मामला नहीं है । यह मामला मेरे और आपके दर्म्यान का है । आप आयें, सलाह कर लेंगे, मश्विरा भी आप से लेंगे ।

**श्री बागड़ी** : सारे सदन को पता लगना चाहिये ।

**अध्यक्ष महोदय** : जब कोई आएगा, मैं हाउस के सामने रखूंगा ।

**Shri S. M. Banerjee** (Kanpur): There was a news item.

**Mr. Speaker:** I am not concerned with the news item. Members pick up news items and then ask questions. I am telling them that I have received no intimation. What more should I tell them?

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**12.30 hrs.**

## DEMANDS FOR GRANTS*—*Contd.*

### MINISTRY OF HEALTH—*Contd.*

**Mr. Speaker:** The House will now take up further discussion and voting on the Demands for Grants under the control of the Ministry of Health. Shri D. S. Patil may continue his speech.

**श्री दे० शि० पाटिल** (यवतमाल) : अध्यक्ष महोदय, सेंट्रली स्पान्सर्ड स्कीम्स जो हैं जिन के द्वारा गांवों को पानी सप्लाई किया जाता है और जिस का इस रिपोर्ट में पेज ६२ पर जिक्र है, उनके बारे में मैं कल कह रहा था । जो सेंट्रली स्पान्सर्ड स्कीम्स हैं उन में एक स्कीम नैशनल वाटर सप्लाई ऐंड सैनिटेशन प्रोग्राम के बारे में है । यह वह स्कीम है जो गांवों गांवों में लागू की गई थी । यह सन् १९५४ में सैंक्शन हुई थी । उसको दस साल हो गये । इस स्कीम का आब्जेक्ट था :

"To help State Governments to provide better protected water supply in the rural areas."

इसका पैटर्न आफ असिस्टेंस यह था कि ५० परसेन्ट ग्रान्ट इन एड रूरल एरिया को दी जायेगी । और इसकी प्रोग्रेस और प्रोग्राम को देखा जाये तो सैकेन्ड फाइव इयर प्लैन में सिर्फ ३४५ रूरल स्कीम्स सैंक्शन की गई । तीसरी पंच वर्षीय योजना तैयार हुई थी तो उसमें ग्रामीण जल प्रदान को प्रथम स्थान दिया गया था । तीसरी पंचवर्षीय योजना में ग्रामीण जल प्रदान के महत्व को देखते हुए मेरी राय है कि जल प्रदान योजनाओं के निर्माण और नियमन में किसी भी रूप में वित्तीय अथवा अन्य साधनों के अभाव के कारण कोई रुकावट नहीं पैदा होनी चाहिये । प्लैनिंग कमीशन का भी यही विचार था । पर जैसा मैंने बतलाया था स्टेट गवनमेंट ने इसके लिये जो अपना एस्टिमेट दिया वह **सिम्पल स्कीम्स फार वेल्स** के लिये १०० करोड़ का था । उन्होंने सिर्फ इतने की ही मांग की थी ।

A sum of Rs. 1633 lakhs has been provided in the Third Plan under the plan of the State for national water supply and sanitation programme. इस मे आप ने जो रुपया रखा था उस में से सन् १९६१-६२, १९६२-६३ में सिर्फ २७१ लाख रु० का प्राविजन हुआ था और सन् १९६३-६४ में ९१ लाख रु० का प्राविजन हुआ । तृतीय पंच वर्षीय योजना के लिये

*Moved with the recommendation of the President.

कुल १६३३ लाख में से तीन सालों में केवल ३५० लाख का प्राविजन हुआ है । इतना कम खर्च हो रहा है । प्लैनिंग कमीशन का डाइरेक्शन है कि कोई स्कीम पैसे के अभाव में बन्द नहीं होनी चाहिये । कल मैंने बतलाया कि स्टेट गवर्नमेंट ने जो वेल प्रोग्राम का एस्टिमेट भेजा है उस में १०० करोड़ की मांग की गई है । मेरे कहने का उद्देश्य यह है कि यह जो स्कीमें हैं वह काफी अच्छी हैं और उन के लिये ज्यादा पैसा दिया जाना चाहिये । सेंट्रल गवर्नमेंट ने अब तक जो पैसा दिया है वह बहुत कम है । ग्रामीण जल प्रदान योजना के लिये उचित धन राशि नहीं मिली और उसके न मिलने से इस योजना पर काफी असर पड़ा । यह जो मैं बतला रहा हूं वह तृतीय पंच वर्षीय योजना का जो मध्यावधि मूल्यांकन किया गया है उस से पता चलता है कि राज्यों की वित्तीय स्थिति को देखते हुए ग्रामीण जल प्रदान योजना के लिये जो सेंट्रल एड मिलनी चाहिये थी वह उचित रूप से नहीं मिली । जितने की आवश्यकता थी उतनी नहीं मिली, और इसका काफी बुरा परिणाम हुआ ।

भुवनेश्वर में जो रेजोल्यूशन पास हुआ उसके सम्बन्ध में हमारे वित्त मंत्री ने भाषण दिया था ।

The Finance Minister, Shri Krishnamachari, described the Bhubaneswar Resolution as a blueprint for action for the next year.

इतना होने के बाद भी इस में जो प्राविजन किया गया है वह बहुत कम है । इस के सम्बन्ध में जो कोआर्डिनेशन कमेटी बनी थी उस में काफी सुझाव दिये गये । इसलिये इस साल के बजट में ज्यादा प्राविजन किया गया है अर्थात् १५० लाख का प्राविजन है ।

इस पर अधिक समय न लेते हुए जो नदी के पास के गांव हैं और जो खारी पानी के क्षेत्र हैं, उन के बारे में कहना चाहता हूं । जिस पानी को जानवर भी नहीं पी सकते उन को आदमी कैसे पी सकेंगे । महाराष्ट्र में तो ३,००० मील का ऐसा क्षेत्र है, अर्थात् ३०० गांवों में खारी पानी है । जो इस तरह की स्केअर्सिटी एरियाज हैं कम से कम उन क्षेत्रों में जो प्रोटेक्टेड वाटर सप्लाई की योजना जल्दी से जल्दी लागू करनी चाहिये । इस काम में जो रुकावट आई है वह यह है कि सेंट्रल गवर्नमेंट सिर्फ ५० परसेन्ट ग्रांट देती है, बाकी ५० परसेन्ट वह स्टेट गवर्नमेंट से मांगती है । मैं ने बतलाया स्टेट गवर्नमेंट्स की ५० परसेन्ट देने की इच्छा नहीं है । इसलिये वह स्कीम्स बन्द पड़ी रहती हैं । कई स्टेट्स ने सेंटर से जो पैसा आया है उस को जल प्रदान योजना के लिये खर्च नहीं किया है । उसे केवल कर्मचारियों के वेतन आदि देने के लिये खर्च किया है । मेरी आप के द्वारा विनती है कि जो ५० परसेन्ट ग्रांट सेंट्रल गवर्नमेंट देती है वह ७५ परसेन्ट होनी चाहिये । २५ परसेंट स्टेट गवर्नमेंट्स को देना चाहिये । ग्रामीण लोगों से एक रुपया भी नहीं लेना चाहिये । देहात में पानी देने की हमारी मिनिमम डिमांड है लेकिन इसके लिये काफी लोकल और पापुलर कंट्रिब्यूशन मांगा जाता है जहां पर लोगों की इनकम भी बहुत कम है ।

दूसरा सुझाव मेरा स्वास्थ्य के बारे में है । देहात के लोगों की परिस्थिति और उनके स्वास्थ्य के लिये जो उपाय किये गये हैं वे बहुत चिन्ताजनक हैं । कम से कम स्कूलों में जो बच्चे पढ़ते हैं उन का मेडिकल हेल्थ एग्जामिनेशन होना चाहिये लेकिन वह भी नहीं होता । एक स्कीम इसके लिये है जिस का जिक्र इस रिपोर्ट के पेज ६३ पर किया गया है प्राइमरी हेल्थ सेंटर्स के नीचे । प्राइमरी हेल्थ सेंटर्स की स्कीम बहुत अच्छी है । एक बड़ा दवाखाना रहता है उसके नीचे कुछ सेंटर्स रहते हैं । लेकिन उस की प्रोग्रेस भी अच्छी नहीं है । आज तक जो ब्लाक्स बने हैं उन की संख्या ५२०० है और जो प्राइमरी सेंटर्स हैं उनकी संख्या केवल ३७०६ है । मैं प्रोग्राम

[श्री दे० शि० पाटिल]

आफ इस्टैब्लिशिंग प्राइमरी हेल्थ सेन्टर्स के बारे में एक जरूरी बात आप के ध्यान में लाना चाहता हूं कि :

"Programme of establishment of primary health centres received a set-back due to shortage of doctors."

इस स्कीम के अन्दर कई ऐसे क्षेत्र हैं जहां पर डाक्टर्स नहीं हैं ।

"Various measures have been suggested to attract doctors to rural centres."

लेकिन डाक्टर वहां जाना नहीं चाहते । मैं आप को बतलाना चाहता हूं कि आज ५११ प्राइमरी हेल्थ सेंटर्स हैं जहां पर डाक्टर्स नहीं हैं । प्राइमरी हेल्थ सेंटर्स जो हैं उन में देहातों और शहरों में काफी डिस्क्रिमिनेशन होता है । शहर में जो स्कीमें चलती हैं उन की तरफ ज्यादा ध्यान दिया जाता है टु प्रोवाइड ए बेटर ऐंड मोर एफिशिएन्ट मेडिकल सर्विस । प्राइमरी हेल्थ सेंटर्स जो हैं उन मे मेडिकल हैल्प जो दी जाती है उस का एक ही उद्देश्य है कि :

"Providing preventive and curative health service in an integrated form."

लेकिन इतनी भी सर्विस आज देहातों में नहीं मिलती है । आखिर में मेरी यही विनती है कि जो पैसा सेंट्रल गवर्नमेंट से स्टेटों को दिया जाता है उसका खयाल रखा जाना चाहिए । हम ने जो भुवनेश्वर में तै किया है उसके अनुसार हम को एक प्लांड टारजेट फिक्स करना चाहिए और एक टाइम फिक्स करके तीसरी पंचवर्षीय योजना में या चौथी पंचवर्षीय योजना के एक दो साल के अन्दर देहात के लिए प्योर वाटर सप्लाई का इन्तिजाम होना चाहिए । यही मेरी प्रार्थना है ।

श्री यशपाल सिंह (कैराना) : अध्यक्ष महोदय, हमारी जो दिक्कत है वह भुवनेश्वर की दिक्कत है । मैं इसी से कहता आया हूं कि हमें भुवनेश्वर नहीं भारतेश्वर चाहिए । भुवनेश्वर का मतलब होता है इंटरनेशनल और भारतेश्वर का मतलब होता है नेशनल । हमारी सरकार भुवनेश्वर के चक्कर में अपने देश को भूल जाती है ।

आज जो स्वास्थ्य के लिए ३०० करोड़ रुपया खर्च किया जा रहा है इसमें से अधिकांश धन राशि विदेशों को चली जाती है । अगर इस देश की चिकित्सा पद्धति से लाभ उठाया जाता तो एक करोड़ रुपये में इतना काम हो सकता था जितना कि ३०० करोड़ रुपये में किया गया है । आज भी अगर सरकार आंखें खोले तो देश का स्वास्थ्य बच सकता है और देश के स्वास्थ्य के साथ हमारे देश का पैसा भी बच सकता है लेकिन हमारी सरकार आंखें खोलती नहीं है और अपने घर में अंधेरा रख कर, दूसरों के घर में, विदेशों में, रोशनी करना चाहती है । वहीं से हमारी सरकार को इंस्पिरेशनस मिलते हैं । हमारी स्वास्थ्य मंत्री बहुत समय तक महात्मा गांधी की सेवा में रह चुकी हैं । महात्मा गांधी ने अपनी जिन्दगी में ऐलोपैथी के खिलाफ काम किया था और यह भी कहा था कि भारत तभी अपने पैरों पर खड़ा हो सकेगा जब भारत अपनी संस्कृति के मुताबिक इलाज करेगा । लेकिन महात्मा गांधी के साथ रहने के बाद भी हमारी स्वास्थ्य मंत्री ने यह कोशिश नहीं की कि इस देश के वायुमंडल में जो दवाएं मुफीद हो सकती हैं उनका इस्तेमाल किया जाये । आज भी सब से ज्यादा जरूरत इस बात की है कि जो आयुर्वेद सोया पड़ा है और जिसके साथ बेइन्साफी हो रही है, उसको जगाया जाये । जिस तरह से हमारे मुख्यमंत्री भाई स्वर्णकारों के साथ बइन्साफी करके सुखी नहीं रह सके, उसी तरह से हमारी स्वास्थ्य मंत्री

भी वैद्यों के साथ बेइन्साफी करके सुखी नहीं रह सकती ।

**अध्यक्ष महोदय** : आप ये क्या दुआएं देने लगे ।

**श्री यशपाल सिंह** : आयुर्वेद के लिए इस समय सब से जरूरी चीज यह है कि जो हमारी भारतीय चिकित्सा पद्धति के साथ बेइन्साफी की जा रही है वह दूर की जाये । जो रुपया आज पर केपीटा के हिसाब से देश में आयुर्वेद पर खर्च हो रहा है वह मैं आपके सामने रखना चाहता हूं । वह इस प्रकार है :

> आन्ध्र प्रदेश में पर केपीटा ६ नये पैसे, असम में पर केपीटा ५ नये पैसे, बिहार में पर कपीटा १ नया पैसा, बम्बई में पर केपीटा ८ नये पैसे, और यहां दिल्ली में पर केपीटा २ नया पैसा, आयुर्वेद पर खर्च होता है ।

तो आज जब कि एक अंधेरी फैल रही है और उसी का अनुसरण किया जा रहा है तो भारतीय आत्माओं को दुःख होना जरूरी है ।

अध्यक्ष महोदय, मुझे हंसी आ जाती है जब कि मैं पढ़े लिखे लोगों के मुंह से सुनता हूं, आई स्पेशलिस्ट, या डेंटिस्ट आदि । मुझे यह सुन कर हंसी आती है कि कुछ डाक्टर आंखों के माहिर हैं, कुछ केवल कानों के माहिर हैं तो कुछ केवल स्किन डिजीजेज के स्पेशलिस्ट हैं । ऐसा मालूम होता है कि स्वास्थ्य के ये सब विभाग अलग अलग हैं, जैसे बरेली, शाहजहांपुर, और दिल्ली जंक्शन आदि अलग अलग स्टेशन हैं । अगर सारे स्वास्थ्य को ठीक करना है तो मूल को पकड़ना चाहिए । पर अगर इन डाक्टरों का वश चलेगा तो ये हरचीज को अलग अलग करके रख देंगे, जैसे डाक्टर फार लिटिल फिंगर, डाक्टर फार रिंग फिंगर, डाक्टर फार मिडिल फिंगर और डाक्टर फार थम्ब । ये लोग एक एक चीज को अलग अलग ले कर चलते हैं, जिसकी कोई जड़ नहीं है । तो जब बुनियाद ही गलत है तो देश का स्वास्थ्य कैसे ठीक रह सकता है ।

मैं जानना चाहता हूं कि स्वास्थ्य को ठीक रखने के लिए जो सब से बड़ा विज्ञान था कम खाने का, उसके प्रचार में कितना रुपया खर्च किया गया है । २५ करोड़ रुपया बर्थ कंट्रोल पर खर्च कर दिया गया, लेकिन अगर एक करोड़ रुपया भी भारत में कम खाने का प्रसार करने के लिए और किताबें छपवाने पर खर्च किया जाता तो बर्थ कंट्रोल का कार्य अपने आप हो जाता । ज्यादा खाने से वासनाएं पैदा होती हैं और कम खाने से वासनाओं पर नियंत्रण रखा जा सकता है । इसके बारे में हमारी गीता में कहा गया है :

> विषया विनिवर्तन्ते निराहरस्य देहिनः ।
> रसवर्जं रसोप्यस्य परं दृष्ट्वा निवर्तते ।।

कम खाना खाने वाले के वासनाएं पैदा नहीं होतीं । तो जो संसार का सब से बड़ा ज्ञान है उसके प्रचार के लिए सरकार ने एक करोड़ रुपया भी खर्च नहीं किया । इसी सम्बन्ध में मैं आपके सामने दशमेशजी गुरु गोविन्द सिंह जी का यह वचन रखना चाहता हूं :

> अलप अहार, सुलप सी निन्द्रा,
> दया, खिमा तन प्रीति ।

तो इस अल्प आहार के ज्ञान के प्रसार के लिए सरकार ने एक करोड़ रुपया भी खर्च नहीं किया । और बर्थ कंट्रोल के लिए २५ करोड़ रुपया खर्च कर दिया । ये बुनियादी गलतियां हैं । जब तक ये गलतियां रहेंगी देश का स्वास्थ्य नहीं बन सकता । आज हम देखते हैं कि जितनी ही दवाएं आती जाती हैं उतने ही बीमार बढ़ते जा रहे हैं । आज इरविन अस्पताल में या विलिंगडन अस्पताल में जितने भी मरीज हैं वे वे लोग हैं जिनको ठीक से स्वास्थ्य के विज्ञान की तालीम नहीं दी गयी । अगर उनको विज्ञान की ठीक शिक्षा दी जाती तो इतनी ज्यादा बीमारियां पैदा न होतीं ।

[श्री यशपाल सिंह]

आज मैं देखता हूं कि रिक्शा वालों की यूनियन है, तांगे वालों की यूनियन है, कुलियों की यूनियन है, लेकिन न मालूम स्वास्थ्य मंत्रालय ने हार्ट ट्रबुल वालों की भी एक यूनियन क्यों नहीं बनाई । अगर ऐसा किया जाता तो इस बात का पता लग जाता कि लोग हार्ट ट्रबुल से क्यों सफर करते हैं । मेरा विश्वास है कि आज कल लोगों में चूंकि हंसी की कमी हो गयी है और नींद की कमी हो गई है इसलिए उनको हार्ट ट्रबुल ज्यादा होती है। कारण यह है कि जो हंसने के तंतु हैं उन में भोजन भर जाता है इसलिए लोगों को हंसी कम आती है और यह दिल की धड़कन का रोग हो जाता है । तो इन बातों की तरफ भी सरकार को ध्यान देना चाहिए ।

मेरा सुझाव है कि ४४ करोड़ आदमियों के रहन सहन को ठीक करने के लिए सरकार को एक योजना बनानी चाहिए और मंत्री महोदया को अपने उत्तर में हम को आश्वासन देना चाहिए कि विश्व वन्द्य बापू २५ साल तक जिस लाइन पर काम करते रहे और जो योजना उन्होंने दी उस पर भी काम किया जायेगा । मैं चाहता हूं कि उस योजना पर कम से कम एक करोड़ रुपया तो खर्च किया जाये । आज सरकार दूसरे देशों को रुपया दे रही है । फ्रांस को केवल फीस की मद में ५०० डालर दिया जाता है लेकिन देश के अन्दर लाखों आदमी दवा के बगैर मर रहे हैं । कांग्रेस बेंचेज की तरफ से ही कहा गया था कि देहात में ३० हजार लोगों के पीछे एक डाक्टर है । और वे डाक्टर भी अधकचरे हैं । दूसरे देशों में ५०० आदमियों के पीछे एक डाक्टर है । हिन्दुस्तान में बीस बीस हजार आदमियों को कोई पूछने वाला नहीं है । आज हालत यह है कि जो काम थोड़े से धन के खर्च से हो सकता है उस पर अरबों रुपया खर्च किया जाता है, लेकिन फिर भी काम नहीं बनता । आज इस बात की बड़ी जरूरत है कि आयुर्वेद के साथ इन्साफ किया जाये । आज भी हिन्दुस्तान के करोड़ों आदमी आयुर्वेद का इस्तेमाल करते हैं । और यह जो विशुद्ध आयुर्वेद की बात कही जाती है, यह तो आयुर्वेद के खिलाफ एक साजिश है । इसका मतलब यह है कि वैद्य लोग थरमामीटर इस्तेमाल नहीं कर सकते, किसी आधुनिक यंत्र का आविष्कार नहीं कर सकते और उसका व्यवहार नहीं कर सकते । इसका मतलब तो यह है कि आयुर्वेद को शून्य कर दिया जाये । मैं आप के द्वारा स्वास्थ्य मंत्री जी से अर्ज करना चाहता हूं कि ऐसा करने का तो यह मतलब होगा कि जैसे कोई कहे कि क्योंकि यहां गांधी वादी सरकार चल रही है, इसलिए हाउस में जो भी आवें लंगोट लगा कर आवे, नंगे पैरों आवें आदि आदि । इस प्रकार की बात नहीं चल सकती । आयुर्वेद के साथ यह अन्याय है कि विशुद्ध आयुर्वेद के नाम पर उसको आधुनिक बीजों का इस्तेमाल न करने दिया जाये । इसका मतलब तो यह होगा कि आयुर्वेद वाले इंजेक्शन न लगा सकें, थरमामीटर का इस्तेमाल न कर सकें । ऐसा कह के तो उनको विज्ञान का लाभ उठाने से वंचित किया जा रहा है । आज आवश्यकता इस बात की है कि पुरानी चिकित्सा पद्धति को प्रचलित किया जाये । महात्मा गांधी ने कहा था कि एलोपैथी से देश की रक्षा तभी हो सकती है जब कि ऐलोपैथी की दवाओं को समुद्र में डाल दिया जाये, ऐसा करने से आदमियों की रक्षा तो हो जायेगी लेकिन मछलियां मर जायेंगी । उनका कहना था कि इन दवाओं का विष मछलियों तक को मार देगा । लेकिन गांधी जीके अनुसार हम ने आज तक नहीं किया । मैं यह नहीं कहता कि इस काम को यक-लख कर दिया जाये । लेकिन मेरा कहना है कि देश के ४४ करोड़ आदमियों की जिन्दगी पर रहम करके होमियोपैथी का प्रचार किया जाये जो कि ऐलोपैथी के मुकाबले में ज्यादा साइंटिफिक है और सस्ती भी है । मेरा सरकार से अनुरोध है कि आयुर्वेद की भित्ति पर इस देश के स्वास्थ्य को रखा जाये । और होमियोपैथी की ओर भी सरकार विशेष ध्यान दे ।

बड़ा दुःख होता है जब हम देखते हैं कि वैद्यों को १०० रुपये माहवार पर ख़रीदा जा रहा है लेकिन ऐलोपैथिक डाक्टरों को १२०० और १५००, १५०० रुपये माहवार तक दिये जाते हैं। जो एक बिलकुल चलती हुई चीज पकड़ लेता है उसके लिए तो १५०० रुपये माहवार खर्च किये जाते हैं लेकिन आयुर्वेद शास्त्र के जानने वाले वैद्य के ऊपर केवल ८० रुपये, १०० रुपये या १२५ रुपये माहवार ही खर्च किये जाते हैं। इसलिए मेरा स्वास्थ्य मंत्रिणी महोदया से निवेदन है कि अगर देशी चिकित्सा पद्धति को उन्होंने देश में जिन्दा करना है, यहां के निवासियों का रहन सहन ठीक करना है तो देश में आयुर्वेद पद्धति को प्रचलित किया जाय।

पिछले दिनों हमारी स्वास्थ्य मंत्रिणी महोदया नेफ़ा गई थीं। उन्होंने जाकर देखा था कि ऊपर ऊंचाई की ओर पहाड़ों पर चढ़ते हुए कुछ लोगों का सांस चढ़ जाता है। उन लोगों का सांस न फूलने पाये इसके लिए हमारे स्वास्थ्य मंत्रालय ने कोशिश की लेकिन पाश्चात्य चिकित्सा विज्ञान कोई ऐसी चीज हासिल नहीं कर सका है जिससे कि उन लोगों के वास्ते जिनका कि पहाड़ों के ऊपर चढ़ने में सांस फूल जाता है, कोई विशुद्ध और अच्छी औषधि तैयार की जा सके। मेरा कहना है कि जब ऐलोपैथी इस मामले में अब तक कुछ नहीं कर सका है तो आयुर्वेद को पूरा मौक़ा दिया जाय और मुझे विश्वास है कि अगर उसे यह काम सौंपा गया तो वह ६ महीने के अन्दर इसे हल कर सकता है। हमारे देशवासियों का स्वास्थ्य तभी अच्छा बन सकेगा जबकि आयुर्वेद को पुनर्जीवित किया जायगा। मुझे यह कहते हुए दुःख होता है कि आयुर्वेद के साथ आज एक सौतेली मां जैसा व्यवहार हो रहा है। जब तक आयुर्वेद के साथ सौतेली मां का जैसा व्यवहार होता रहेगा तब तक आयुर्वेद कभी ऊपर उठ नहीं सकेगा और वह देश में पनप नहीं सकेगा।

आज सब से बड़ी ज़रूरत देश में विशुद्ध दवाइयों के मिलने की है। आज दवाइयां विशुद्ध नहीं मिल रही हैं। आज भी ऐसा होता है कि १०, १० और २०, २० साल पुरानी दवाइयां दी जाती हैं और यह १०, १० और २०, २० साल की पुरानी दवाइयां मनुष्यों के स्वास्थ्य को सुधारने के बजाय और भी अधिक ख़राब करती जा रही हैं। सब से अधिक आवश्यकता आज इस बात की है कि दवाइयों की सफाई की तरफ़ ध्यान दिया जाय। आज बाज़ार के अन्दर जो नये नये इंजैक्शंस आ रहे हैं उन इंजैक्शंस के लिए ख़ास तौर से हमारा एक डाइरैक्टोरेट होना चाहए जिसमें कि आयुर्वेद और ऐलोपैथी दोनों के वैद्य मिल कर काम करें।

जल संभरण का मसला बहुत आवश्यक है। देहातों में पानी की व्यवस्था बड़ी ही असंतोषजनक है। मैं ने अपनी आंखों से दो हज़ार देहात ऐसे देखे हैं जिनमें कि टैप सिस्टम क़ायम हो चुका है, नल लग चुके हैं, ट्यूबवैल्स क़ायम हो चुके हैं लेकिन इसको पूरे चार साल हो गये वहां पर यह जल संभरण का इंतज़ाम नहीं हो सका है। हम ने कांस्टीट्यूशन में न्युट्रिशस फुड अपने देशवासियों को सुलभ करने का वायदा किया था लेकिन उनको पौष्टिक भोजन देना तो दूर रहा हम उनको पीने का अच्छा पानी भी मुहय्या नहीं कर पाते हैं। दिल्ली के देहातों में पीने के पानी की माकूल व्यवस्था नहीं है। दिल्ली से दूर क्यों जाते हैं यहीं दिल्ली में एम० पी० क्वार्टर्स में पानी की यह हालत है कि रात को जब मुझे अपने अनुष्ठान करने के हेतु पानी की ज़रूरत पड़ती है तो मेरे वहां नलके में पानी बन्द हो जाता है और लाचार होकर मुझे उस समय टैक्सी किराये की लेकर रेलवे स्टेशन के वेटिंग रूम में स्नानादि के लिए जाना पड़ता है और इस तरह से मुझे एक स्नान के लिए ६ रुपये खर्च करने पड़ते हैं। मेरे एक स्नान की कीमत मजबूरी में ६ रुपये होती है। अब जब हम एम० पी० को पानी

[श्री यशपाल सिंह]

नहीं मिल रहा है तो जनता को पानी की किस कदर तकलीफ़ होती होगी इसका सहज में अनुमान लगाया जा सकता है ।

**एक माननीय सदस्य** : ठाकुर साहब मेरे यहां आकर स्नान कर सकते हैं ।

**अध्यक्ष महोदय** : आप टैक्सी लेकर स्टेशन जाने का कष्ट क्यों किया करते है ? आप किसी अपने दोस्त के वहां क्यों नहीं चले जाया करते ?

**श्री यशपाल सिंह** : हो सकता है कि इससे उनको असुविधा प्रतीत हो, उनके यहां जगह न हो ।

**अध्यक्ष महोदय** : मेरे यहां चले आया करिये ।

**श्री यशपाल सिंह** : बहुत बहुत धन्यवाद । मेरा निवेदन है कि स्वास्थ्य मंत्रालय शुद्ध पीने के पानी की व्यवस्था के लिए सक्रिय कदम उठाये । सरकार बड़ी तादाद में ट्यूबवैल्स लगाये । अकेले हरियाना के अन्दर पूरे ५००० ट्यूबवैन्स का इंतजाम हो तब जाकर वहां पर जल की समुचित व्यवस्था पूरी होगी । पानी की कमी को अगर दूर नहीं किया गया तो किस तरीके से हम अपने वायदे को पूरा कर पायेंगे और इस देश में कैसे खुशहाली आ सकेगी ? वैसे मुझे अपनी स्वास्थ्य मंत्रिणी महोदया की योग्यता पर पूरा विश्वास है, वे महात्मा गांधी की शिष्या रही हैं लेकिन आज सरकार द्वारा जो ऐलोपैथी के प्रति एक पक्षपातपूर्ण और देशी चिकित्सा प्रणालियों के प्रति उपेक्षा की नीति बर्ती जा रही है, उसे छोड़ना पड़ेगा । जिस ऐलोपैथिक पद्धति के खिलाफ अमरीका के बनेर मैकफैडन, विदेशों के विटरनिट्स, लुई कूने, जुस्ट, कैलाग आदि ने संघर्ष किया, जिस एलोपैथी के खिलाफ़ हजारों विदेशियों ने संघर्ष किया उस थोथी तथा बोसीदा पद्धति को यह सरकार लादे हुए है । यूनानी चिकित्सा शास्त्र में जो अनमोल हीरे और जवाहरात पड़े है उनको निकालने और उन से फायदा उठाने का अभी तक कोई ठोस प्रयास नहीं किया गया । यूनानी के हकीमों के पास ऐसी नायाब हिकमत पड़ी है कि उसकी कोई सानी नहीं रखता है लेकिन उसको नैगलैक्ट किया जा रहा है और उनको कोई बढ़ावा नहीं दिया जा रहा है । आज भी ऐलोपैथी के ऊपर सरकार करोड़ों रुपये खर्च करती जा रही है । अगर उसका सौवां हिस्सा भी सरकार यूनानी सिस्टम पर करे और खास तौर से आयुर्वेद को प्रोत्साहन देने में करे तो स्वास्थ्य के मामले में देश कहीं अधिक प्रगति कर सकता है

जामनगर में जो आयुर्वेद की संस्था चल रही है उसको प्रोत्साहन देना चाहिए और उसको और बढ़ाना चाहिए । अगर इस जामनगर की संस्था को प्रोत्साहन दिया जाय और अवसर दिया जाय तो वह सारे देश के स्वास्थ्य के मसले को हल कर सकती है ।

मंत्रिणी महोदया की काबलियत से मुझे यह उम्मीद है कि वह तिब्बिया कालिज के मामले में जरूर इंसाफ़ करेंगी और आज जो बच्चे परेशान फिर रहे हैं उन के लिए सुविधा पैदा करेंगी ।

आयुर्वेद विद्यापीठ महाविद्यालय, छात्र संघ, दिल्ली की चिरकालीन पुकार की ओर खास तौर से मैं स्वास्थ्य मंत्रिणी महोदया का

**12.57 hrs.**

[MR. DEPUTY-SPEAKER *in the Chair*]

ध्यान दिलाना चाहता हूं। उन की यह मुख्य मांगें हैं :—

(१) अवैतनिक प्राध्यापकों के स्थान पर स्थाई तथा वैतनिक प्राध्यापकों को नियुक्त किया जाय ।

(२) योग्य एवं शिक्षित प्राध्यापकों को अध्यापन हेतु नियुक्त किया जाय ।

(३) अन्तरंग एवं बहिरंग चिकित्सालयों को उचित रूप से चलाया जाय ।

(४) प्रत्येक विषय के प्रत्यक्ष कर्माभ्यास का ज्ञान कराया जाय ।

(५) पुस्तकालय की समुचित व्यवस्था हो ।

(६) औषध निर्माणशाला का पूर्ण प्रबन्ध हो ।

(७) फ़ीस लेने तथा अन्य कार्यों के लिए कम से कम एक टाइपिस्ट क्लर्क की नियुक्ति हो ।

(८) विद्यापीठ अधिकारियों के संरक्षण में चलने वाले अवैधानिक महाविद्यालयों की जांच कराई जाय ।

(९) उत्तीर्ण स्नातकों का सभी प्रदेशों में पंजीकरण (रजिस्ट्रेशन) हो ।

वैद्यों का रजिस्ट्रेशन चार साल से बन्द है । वैद्य लोग इस के लिए जूते चटकाते फिरते हैं । यह जरूरी है कि उनके रजिस्ट्रेशन का खास तौर से माकूल इंतज़ाम किया जाय और जो लोग रजिस्ट्रेशन के अधिकारी हों उनको रजिस्टर्ड किया जाय ।

आचार्य जगदीश प्रसाद वैद्य, जिनके चरणों में बैठ कर सैकड़ों लोगों ने आयुर्वेद का प्रशिक्षण प्राप्त किया है, जिन्होंने अपनी शिक्षा, दीक्षा से भारत के अन्दर सैकड़ों वैद्य तैयार किये हैं, जिनके हाथों में रसायन है, जोकि एक सिद्धहस्त वैद्य हैं, ऐसे लोगों को बुला कर मशविरा किया जाय और यह जो झूठी संस्थाएं चल रही हैं जिनका कि ५०, ५० हजार रुपये साल का बजट आता है, वह तमाम रुपया सफर भत्तों में चला जाता है हवाई जहाजों, ट्रेनों और मोटरगाड़ियों के सफर वगैरह में बिलकुल बेकार में खर्च हो जाता है और देशवासियों के स्वास्थ्य को बेहतर बनाने के लिए उनकी ओर से कोई भी ठोस काम नहीं किया जाता है । इसका इलाज किया जाय । सारे देश को एक सूत्र में बांधने के लिए भी यह जरूरी है कि बचपन से ही हमारे बालकों को स्कूलों में आयुर्वेद की शिक्षा दिलाई जाय । आखिर को इस देश की रक्षा का भार आगे चल कर बालकों पर आने वाला है । अब देश की रक्षा वही बच्चे कर सकेंगे जिनका कि स्वास्थ्य सुन्दर होगा । इसके लिए यह आवश्यक है कि हम अपने बच्चों को पांचवीं क्लास से और छठी क्लास से आयुर्वेद का शिक्षण दें, स्वास्थ्य का मंत्र उन्हें सिखाया जाये । आचार्य जगदीश प्रसाद वैद्य को बुला कर सरकार उनके ज्ञान से लाभ उठाये ।

कैंसर के अनुसंधान पर सरकार ३५ लाख रुपया खर्च करती है लेकिन कैंसर को बन्द करने के लिए तम्बाकू के प्रयोग को सरकार बन्द नहीं कर सकती । सिग्रेट, बिड़ी आदि का पीना बन्द नहीं कर सकती । कैंसर को रोकने के लिए ठोस क़दम उठाये जायें । आज दिल्ली के निवासियों को जो छै, छै रोज पुराना और बासी दूध पीने को दिया जा रहा है उस को सरकार बन्द नहीं कर सकती, जो दूषित घी दिया जा रहा है उसको सरकार बन्द नहीं कर सकती । सरकार यह कैंसर के अनुसंधान पर जो ३५ लाख रुपये से भी अधिक खर्च कर रही है, तो कैंसर के उन अनुसंधान-कर्त्ताओं से यह पूछा जाये कि आखिर उनका यह अनुसंधान कब तक चलता रहेगा ? आज हर बात के लिए हम लोग विलायत वालों का मुंह ताकते हैं और उनके मुहताज होकर बैठ गये हैं । एक समय वह भी था जब इस देश के लिए कहा जाता था :—

"एतद्देश प्रसूतस्य सकाशादग्र जन्मनः
स्वं स्वं चरित्रं शिक्षेरन् पृथिव्यां सर्वमानवाः ।"

[श्री यशपाल सिंह]

इस देश के लिए कहा तो यह जाता था कि सारा संसार आकर इस देश से शिक्षा, दीक्षा ग्रहण करता था । लेकिन आज हालत यह है कि एक मामूली से इंजैक्शन के लिए हम विलायत वालों के आगे हाथ पसारते हैं । आज कैंसर के मामले में हम लोग सैल्फ़ सफिशिएंट नहीं हो सके हैं । दूसरे देशों को हमारा करोड़ों रुपया बहता चला जा रहा है और हम आज भी यह ख्याल नहीं करते कि उस रुपये को रोक कर सदाचार भी क़ायम किया जा सकता है और बच्चों के अन्दर ब्रह्मचर्य की ट्रेनिंग भी दी जा सकती है । हमारी प्राचीन गुरुकुल शिक्षा में जो ब्रह्मचर्य की ट्रेनिंग थी उसमें कभी बीमार होने की नौबत ही बच्चों को नहीं आती थी । सरकार के लिए यह कोई शोभा की बात नहीं है कि देश में दिनोंदिन अस्पताल बढ़ते जा रहे है, दवाइयां बढ़ती जा रही है, और इंजैक्शंस बढ़ते जा रहे हैं बल्कि सरकार के लिए प्रसन्नता की बात तो तब होगी और बहुत तारीफ़ की बात तो तब होगी जब सरकार यह कहे कि देश के लोगों का स्वास्थ्य इतना सुन्दर हो गया है कि किसी अस्पताल की जरूरत ही नहीं है, किसी इंजैक्शन की जरूरत ही नहीं है । अस्पतालों की संख्या बढ़ाने का मतलब तो यह है कि देश में मरीजों की संख्या बढ़ती जा रही है । इंजैक्शनों और दवाइयों की तादाद बढ़ने का मतलब यह है कि देश के अन्दर रोग बढ़ते जा रहे हैं और लोगों का स्वास्थ्य गिरता जा रहा है ।

**13 hrs.**

अगर सरकार चाहती है कि देशवासियों का स्वास्थ्य समुन्नत हो तो महात्मा गांधी के चरणों पर चलते हुए और उनके दिखलाये हुए मार्ग का अनुसरण करते हुए आयुर्वेद चिकित्सा पद्धति को अपनाया जाय और उसे तभी संभव आवश्यक प्रोत्साहन सरकार द्वारा प्रदान किये जायें । इसी के साथ साथ जो हमारा नैचुरोपैथी का सिस्टम है, प्राकृतिक चिकित्सा पद्धति है उस को भी जीवित किया जाये सरकार होमियोपैथी और तिब्ब को प्रोत्साहन देने के लिए, यूनानी के जो हमारे तबीब बैठे हुए हैं, उन का उत्साहवर्धन करने के लिए, रुपया खर्च करे और ऐलोपैथी के पीछे अन्धे हो कर करोड़ों रुपये बरबाद न करे ।

**Shrimati Akkamma Devi** (Nilgiris): I thank you for this opportunity.

There is a saying in regard to health that prevention is better than cure. This golden saying should be always borne in mind when the various schemes under the Health Ministry are launched and implemented.

We have to fight against infectious diseases and those arising out of malnutrition and unhygienic living conditions. We have to plan the family, we have to render medical and professional education to turn out qualified doctors to work in hospitals and welfare centres in different parts of the country. We have to render medical service and medical relief to the deserving. As such, the Budget estimates for the year 1964-65, I am sure, will receive the full support of the hon. House.

We have to appreciate the good progress made in eradicating certain diseases like small pox and malaria. Steps have been taken to control certain diseases like cholera, typhoid, filaria, plague etc., but I am very sorry to say that the results in connection with certain diseases like cancer, leprosy and tuberculosis are not satisfactory.

Here, I would like to make a few humble suggestions with reference to tuberculosis. Tuberculosis is not only the costliest of diseases; it takes the longest period to be cured. We are unable to cure patients who have been suffering from TB for a pretty long time. Even if we have TB clinics in

every district, isolation hospitals in every district and TB sanatoria at the State level, it is not possible to give treatment to the millions suffering from TB in our country. Therefore, my humble suggestion to the hon. Minister is that domiciliary treatment should be started on an intensive scale, starting from the villages. Apart from this, private hospitals started by philanthropists should be encouraged and helped by the Government financially. If this noble example is followed by other philanthropists in our country, I am sure this disease will be rooted out from our soil.

Last week I had the opportunity of visiting the TB hospital at Brindavan. They have 375 beds there, with domicilary treatmtnt for 400 patients. Side by side, they have laid the foundation stone for a TB clinic. If such hospitals are established in the different parts of the country, I am sure there will be a good remedy for this disease.

Here, I would like to bring to the notice of our Minister that kindness and the spirit of selfless service existing in private hospitals are absent in Government hospitals. We know that kindness and affection cure half the disease. Therefore, I request the Minister to see that this spirit of selfless service and kindness are instilled into the staff in all our hospitals.

After-care homes are essential for TB patients who have undergone the course of treatment. After the cure of this disease, patients become very weak and are unable to take up work which needs physical strength, but most of them are the breadwinners of the family and they have to earn for the family. Therefore, I request the Minister to see that after-care homes are started at the district level and at the State level, so that these patients not only get nutritious diet, but are also given training in small industries and enabled to start production units, and thus support their families.

Beds should be increased in these hospitals, and patients should not be made to wait for years. Patients can wait, but the germs will not wait; they go on as rapidly as possible in eating the human system.

Speaking of research institutes, I would like to say a few words about the famous Pasteur Institute of South India at Coonoor. This Institute makes research and produces anti-rabies serum, which is used in the treatment of rabies. Generally, when a person is attacked by rabies, there is no treatment at all, no cure at all, the only end is death. Therefore, prevention is most important in this particular disease. The famous Institute, founded after tht famous Louis Pasteur, caters to the needs of the whole country.

In this Institute, from the Director to the Assistant, they work as a team, and we find the spirit of co-operation, about which we speak so often. A sum of Rs. 2,06,900 has been sanctioned as a recurring grant for research and production of anti-rabies serum and also studies in influenza, respiratory and intestinal viruses. This Institute has also been entrusted with the production of polio vaccine. New laboratories have been constructed at a cost of Rs. 11,35,370. This is really a magnificent achievement by the Institute, rendering useful service to the people of our country.

So, my humble suggestion is that not only should we appreciate the services of this Institute, we must encourage such institutes by increasing the recuring grants sanctioned to them, so that the doctors and assistants are paid handsome salaries, and their families might be provided with welfare amenities, so that doctors who devote all their time and their life to research may go ahead, without worries, with their ambitious research schemes.

[Shrimati Akkamma Devi]

I will pass on to the primary health centres and family planning centres started on a countrywide basis to improve the general health of the rural people. Primary health centres, maternity and child welfare centres and family planning go together. These constitute one group of activities. By separating them, we cannot achieve the desired results. All these three activities go to make for the welfare of the family. Therefore, whether these activities come under Public Health or Medical Service, these three should go together.

Another suggestion is that when doctors pass out of the college, they should not be straightaway posted in these primary health centres. No doubt, they are qualified, they are efficient, but since they are young, the villagers have no confidence in them. They say: how can these young doctors help us. They lose faith. Therefore, my suggestion is that these doctors should be posted in hospitals under the guidance of experienced doctors for a year or two, and then posted to primary health centres, when they will achieve very good results.

Again, in these primary health centres, for family planning work, young inexperienced people are appointed, with the result that the villagers lose confidence in them.

Family planning posters, Children's day posters, pamphlets on the growth of population, pamphlets on "Family Planning: how and why" have been made available in all the thirteen languages, but propaganda and publicity are still inadequate. Propaganda is not at all satisfactory. It is not enough that the publicity material is distributed among the urban population. Only if this reaches the interior of the village, we will achieve results. Visual aids with the help of publicity material will bring in very good results. Experienced and elderly people will contribute much to the implementation of our programme. Here again I say that women workers do better than the work done by men. Let there be competition at the district level and at State level and let prizes be distributed so that there may be healthy rivalry in implementation of our family planning programme successfully.

Government gives cent per cent assistance to voluntary organisations and local bodies and 75 per cent to the States. Let us not make this distinction and let the States also get cent per cent help in their expenditure so that for want of matching contribution, they will not stand in the way of implementation of the family planning programme. Urban population grasp the matter quickly; so urban areas and rural areas cannot be treated on a par. Urban population take to treatment more easily. So, we have to concentrate on the rural population and spend more for them.

Lastly, I will now come to the question of admission to medical colleges. Year in and year out we have seen the rush to secure admission to medical colleges. The demand is increasing every year. More medical colleges should started in the Third Plan. Every district should get a quota, based on the size of the district but on population. Certain quota should also be fixed, apart from the quota allotted for Scheduled Castes and Tribes, for the girls and preference should be given to girls from backward communities. With these words, I support the demands of this Ministry.

**Dr. P. Mandal** (Vishnupur): At the outset I congratulate both our Health Ministers.

**Mr. Deputy-Speaker:** I would request the Members from the Congress side not to take more than ten minutes so that more Members can have their chance.

**Dr. P. Mandal:** This is the first time that medical persons take charge of the Ministry of Health. Both of them are efficient and able medical persons and social workers. Health is national wealth. To build up national wealth, budget provision is required according to the primary need. But the present budget provision is disappointing and inadequate to meet the demands and build up health which is the primary need of the nation. Good health brings fortune to the nation. So, I suggest that our able Health Minister should utilise the funds in such efficient and economic ways that she may meet the longstanding demands of the people with this shortfall in budget provision.

Medical men render an essential service to the nation. They are as important as technical men. To remove disparity and ensure smooth running, All India cadre of medical services should be set up as early as possible. You know, Madam, the sentimental feelings of the medical men for an All India cadre.

I shall now deal with control and eradication of major diseases. Prevention is better than cure. Eradication of Malaria is progressing satisfactorily. I have come from Bankura district of West Bengal which was badly affected by Malaria in previous years. Government used this place as penalty centre for transferring the staff. Malaria was so horrible here. At present, the younger sections do not know what is malaria. People as a whole are highly appreciative of this eradication programme and its achievement. Eradication programme achieves its momentum. But, madam, mosquitoes are still existing in innumerable number.

**Dr. Ranen Sen** (Calcutta East): There is no madam in the Chair.

**Shri C. K. Bhattacharyya** (Raiganj): It is a transferred epithet.

**Dr. P. Mandal:** They develop increased resistance to DDT. To get rid of the mosquito's nuisance you should find out other means. Otherwise, other diseases will be communicated by mosquitoes such as filaria, etc. for which also you have got control programme.

The national smallpox eradication programme is not at all running satisfactorily. People are not satisfied with its achievements. It is a regular annual occurrence in every town of West Bengal, in many villages. specially in Muslim populated areas. Many vaccinated cases have been attacked with smallpox. It is not even controlled, not to speak of eradication. Madam, you must find out the defects in the programme.... (*Interruptions.*)

**Shri Hari Vishnu Kamath** (Hoshangabad): Once is bad enough but repetition makes it worse.

**Dr. P. Mandal:** Is the defect to be found in the vaccine itself or in the process of vaccination? To achieve success I suggest that old stock vaccine should be destroyed so that there is no chance to use it. Secondly, vaccinators should be well-trained so that they may take care and see that the vaccine is allowed to dry and not washed away because that is the essential technique of successful vaccination. Only genuine and tested vaccine should be sent for vaccination. Last year and this year too there was an epidemic attack in some Muslim colonies in my district though an eradication programme is going on there. The disease is very horrible and you must pay greater attention to eradicate it.

Cholera is also a major national problem. Every year, there is an

[Dr. P .Mandal]

outbreak of Cholera in West Bengal, especially in Calcutta, Howrah and suburbs and other mofussil towns and villages are also affected. Death rate of Cholera is horrible. It has not been controlled. Mass vaccination campaign should be taken up in time. not after the outbreak of Cholera. Vaccine must be genuine and tested. On page 19 of this Ministry's report it says:

> "The World Health Organisation have further intimated that 100,000 doses of dried cholera vaccine will be made available on receipt from the USSR for mass campaign against cholera in 1963."

May I know what is the result of this? If dried vaccine is proved successful, then the Government is thinking of establishing a plant to produce dried vaccine. As you know Sir, dried vaccine is becoming more popular, genuine and of long duration

The report on page 19 says:

> "The U.S.A.I.D. has also offered to assign a Jet Gun Cholera Inoculation team which is scheduled to visit Calcutta early in 1964."

Cholera breaks out generally in an epidemic form between June and October. So, if the Ministry makes a request to the US Government to send their team before the above period, then we may get the full benefit of team. To cheack Cholera, we require a pure water supply which I shall mention when speaking about water supply in general.

At page 18 of the report, it is stated as follows:

> "In accordance with the recommendations of the Central Expert Committee on Smallpox and Cholera, the Indian Council of Medical Research has established a Cholera Research Centre in Calcutta to carry out continuous research on various aspects of the problem of Cholera with a view to developing ultimately practical measures for the control or prevention of the disease."

It is also stated as follows:

> "In collaboration with the world Health Organisation and the Indian Council of Medical Research a meeting of cholera workers was held in New Delhi on the 26-28 November, 1963."

May I know, Sir, what practical measures they have formulated in this direction?

Then I come to leprosy. Leprosy is a great menace to our country and specially to my district, Bankura in West Bengal. It is a curse to my district. The 1931 census report revealed the seriousness of the problem by declaring Bankura as the darkest spot. The Government employees, if they are transferred, try their utmost to get rid of the trouble and avoid joining there. This diseases, which is short of social calamity, should be removed. The Government is not moving actively to control this disease which makes the people disabled and disfigured, for whom our beloved Bapuji had great sympathy. So, I suggest that the honest follower of Bapuji, our Health Minister, should materialise his sacred thought to control leprosy. The Minister in charge of this subject, who is a great personality, will, I hope, pursue with honest sincerity the fulfilment of the hopes of our beloved Bapuji.

Training centres for paramedical staff should be started in West Bengal as early as possible. There must be one paramedical staff attached to every health unit. One control unit is working at Bankura district the population of which is 15 lakhs. The

report says that one control unit is meant for 1·5 lakhs. So, you may well understand the acuteness of the problem and realise that at least ten control units should work there. Then we may assess its importance and activity. The patients need extensive treatment facilities and domiciliary treatment in the villages. These control units should be mobile.

There must be sepration of children of the leper parents and they must be kept in well-organised Babyfold or Children Homes. If every child of a leprosy patient is seprated and saved from getting the infection, this will ensure control of leprosy at least from one of the sources. Any Children Homes or Babyfold should be kept under the care of District Committees.

Then I come to drug control. The report says that the main problem of the year was to keep under control the rising trend of prices particularly of certain drugs and maintain availability. It is a great regret that the Ministry does not look into the price structure of penicillin production of Pimpri factory which is a public undertaking. The gap between the cost of manufacture and the sale price is beyond imagination. It has been focussed in the PAC Report and vivid picture of it has been painted on the floor of the House by my hon. friend Shri Bhagwat Jha Azad, during the discussion of the budget. Though the medicine is of common use at present, yet it escapes the Ministry's notice. Spurious drugs are sold in the open market.

Then, family planning is not progressing well. The budget for it is not sufficient to cope with the population. A countrywide publicity for free sterilization operation for male and female should be done thoroughly, and it should be published that the operation on the males is the easiest. The males are keen about it but there is no sufficient provision. It should be provided up to the primary health centre.

I shall now refer to medical education and finish my speech. The establishment of new medical colleges and the expansion of the existing ones has been included as Centrally-aided scheme during the third Five Year Plan. Under the scheme, the financial assistance is being offered to the States as follows: For new colleges and for the expansion of the existing colleges the figures are, 75 per cent for equipment, subject to a ceiling of Rs. 22,500 per admission, and Rs. 75 lakhs for building, subject to a ceiling of Rs. 37,500 per admission. Recurring expenditure is 50 per cent. There is no break-up. So, we could not know which college gets what amount. So far as my knowledge goes, the Bankura Sammilani Medical College, though a new one, has got nothing up till now from this fund. It received an *ad hoc* grant from the scheme of financial assistance to voluntary medical institutions in 1960-61 and 1961-62. Then, the State Government took charge of this college, and since then, the college gets nothing from the Centre. There are five reserved seats for admission by the Centre. There is enough scope for expansion. It is situated on a vast open area with a campus of 200 acres. It is the only medical college in a mofussil town of West Bengal. So, I draw your attention for the grant of financial assistance to this new college. At present, the admission strength is 50. You may easily raise it up to 100 by giving financial assistance.

Thank you.

**श्री मोहन स्वरूप** (पीलीभीत) : उपाध्यक्ष महोदय, मैं काफी देर से स्वास्थ्य मंत्रालय पर चर्चा सुन रहा हूं। जहां तक स्वास्थ्य का सवाल है इन्सान के लिये पांच चीजों की जरूरत है : खाना, कपड़ा, मकान, शिक्षा और स्वास्थ्य। इन में से स्वास्थ्य का स्थान सब से ऊंचा है।

[श्री मोहन स्वरूप]

अगर शरीर स्वस्थ हो तो इन्सान हर तरीके से कार्य कर सकता है । एक मसल है कि "तन्दुरुस्ती हजार न्यामत है ।" अगर सेहतमन्द इन्सान हो तो उस के वास्ते सब कुछ भला है । लेकिन स्वास्थ्य और चिकित्सा की जो स्थिति इस देश में है उससे लगता है कि हमको अभी सैकड़ों वर्ष चाहियें जिस में कि आबादी के ख्याल से हम अच्छी स्थिति पैदा कर सकें ।

इस वक्त देश में ७० हजार डाक्टर्स हैं औ आबादी के अन्दाज से ६,००० आदमियों के ऊपर एक डाक्टर पड़ता है । यहां पर ३०००० रजिस्टर्ड फार्मेसीज हैं । इंग्लैंड मे अगर देखा जाये तो छोटा सा मुल्क होते हुए भी इससे कहीं ज्यादा अच्छी हालत है । वहां पर २५,००० डाक्टर्स हैं जब कि वहां की आबादी ५ करोड़, ७५ हजार, ५५६ है । ऐसा लगता है कि अगर हम अपने यहां की स्थिति में सुधार करना चाहें तो हमें वर्षों चाहिये । यहां पर २११६ अस्पताल हैं जो कि आबादी के अनुपात से पूरी तौर से सेवा नही कर सकते हैं ।

यहां पर डाक्टरों के शिक्षण का भी सवाल है जो कि अच्छी तरह से नहीं चल रहा है । अभी हमारे यहां ६८ मेडिकल कालेजेज हैं । सन् १९५६ में ५३ कालेज थे और ३११६ ग्रेजुएट्स निकले । अब ६० कालेजज हैं जिनमें से ११ नर्सेज के लिए हैं । इस तरह से देखें तो शिक्षण के कार्य में जो प्रगति हो रही है वह बहुत धीमी है । मैं चाहता हूं कि ज्यादा मेडिकल कालेजेज की स्थापना हो और अधिक से अधिक डाक्टरों के तयार करने की तरफ तवज्जह दी जाये क्योंकि डाक्टरों के प्रशिक्षण में और नर्सेज के प्रशिक्षण में वर्षों लगते हैं । हमारे देश की आबादी दिनोदिन बढ़ती जा रही है । आज ४४ करोड़ के करीब आबादी है । अगर हम चाहते हैं कि एक हजार आदमियों के ऊपर एक डाक्टर हो तो हमको एक लाख डाक्टर चाहियें । और उसके साथ ही साथ १३ लाख २० हजार नरसेज वगैरह हैं । इस तरह से जो स्थिति है उसमें सुधार होना चाहिये और ज्यादा परिवर्तन होना चाहिए ।

इसी के साथ मेरा एक सुझाव है कि जिस तरह से रेलवे की और पोस्ट एंड टेलीग्राफ की आल इंडिया सरविस है उसी तरह आल इंडिया मेडीकल सरविस बनायी जाए । आज स्थिति यह है कि स्वास्थ्य की जिम्मेवारी राज्यों पर डाल दी गयी है, जो केन्द्रीय मंत्रालय है वह थोड़ा सा देखभाल का काम करता है । मैं चाहता हूं कि दो सरविसेज बनायी जायें और इस विभाग को तीन हिस्सों में बांटा जाए । एक स्वास्थ्य सेवा हो जिस को आई० एच० एस० कहा जाए, और दूसरा चिकित्सा विभाग हो जिसको इंडियन मैडीकल सरविस कहा जाए । मैं चाहता हूं कि पशुओं की चिकित्सा को भी इसी विभाग के अन्तर्गत लाया जाए । पशुओं को इस वक्त खाद्य मंत्रालय के अन्तर्गत रखा गया है जो मुनासिब नहीं है, पशु मूक होते हैं और उनके इलाज की व्यवस्था अच्छी नहीं चल रही है । अगर पशु चिकित्सा को भी इसी मंत्रालय के अन्तर्गत लाया जाए तो अच्छा होगा ।

इसी के साथ साथ मैं चाहता हूं कि सारे देश के लिए एक यूनीफार्म पालिसी बने । आज जो भी पालिसी बनती है वह राज्यवार बनती है । अगर यूनीफार्म पालिसी हो तो इस काम को अच्छे ढंग से चलाया जा सकता है और मैं समझता हूं कि उस हालत में स्वास्थ्य के कार्य में भी प्रगति हो सकती है ।

इसी के साथ साथ हैल्थ एजुकेशन पर भी ज्यादा जोर दिया जाना चाहिए । इस

सिलसिले में एक कोटेशन पढ़ देना चाहता हूं । वह इस प्रकार है :

"Health education fills the gap between the provision of services and the maximum utilisation of the same by the people. The main tenet of health education is to enable the people to improve their health by their own actions and efforts."

मैं देखता हूं कि सरकार का ध्यान हैल्थ एजकेशन की ओर ज्यादा नहीं है । लोग बहुत कम जानते हैं कि स्वास्थ्य क्या चीज है । १९५६ में एक हैल्थ ब्यरो बनाया गया । लेकिन अभी तक उसके अन्तर्गत आठ राज्यों में ब्यरो खुले हैं और बाकी में नहीं खोले जा सके हैं । मैं चाहता हूं कि दूसरे राज्यों में भी ये ब्यरो खोले जाएं ताकि स्वाथ्य की ओर लोगों का ध्यान जाए ।

इसके साथ साथ मैं आपका ध्यान न्युट्रीशन की ओर भी दिलाना चाहता हूं । पिछले साल भी मैंने इस ओर आपका ध्यान दिलाया था । हमारे यहां पौष्टिक आहार की कमी है । एक व्यक्ति को रोजाना २४०० से ३००० कलोरी का भोजन मिलना चाहिए लेकिन हमारे यहां केवल १७५० कलोरी ही मिल रहा है । इस कारण लोगों का स्वास्थ्य बिगड़ता जा रहा है और उनको तरह तरह की बीमारियों हो रही हैं खास तौर से बच्चो को और नौजवानों को । कुछ बीमारियों के नाम इस प्रकार हैं :

angular stomatitis, glossitis, keratalomalacia, burning feet, syndrome, phrynoderma and nutritional oedema

इसी के साथ साथ अन्धापन भी बढ़ता जा रहा है क्योंकि पोषक आहार नहीं मिलता । खास कर बच्चों में यह रोग बहुत घर करता जा रहा है । तो मैं चाहता हूं कि पौष्टिक आहार की ओर सरकार का ध्यान जाना चाहिए । अगर इस तरफ ध्यान न दिया गया तो स्वास्थ्य की बात करना और स्वास्थ्य के सुधार की चर्चा करना बेकार सी बात होगी । जब तक शरीर के लिए उपयुक्त मात्रा में खाना नहीं मिलता तब तक स्वास्थ्य सुधार की बात करना बेकार है ।

अब मैं अस्पतालों के मुताल्लिक भी कुछ कहना चाहता हूं । अस्पतालों की हालत बहुत खराब है । अभी बिलिंगडन अस्पताल के कर्मचारियों ने एक मैमोरेंडम पेश किया था । वह सरकार के पास आया होगा । तिब्बिया कालिज की भी कुछ शिकायतें हैं । बहुत सी शिकायतें आए दिन अस्पतालों के छोटे अर्मचारियों की आती रहती हैं । इस तरफ सरकार का ध्यान जाना चाहिए क्योंकि छोटे कर्मचारियों पर ही, जो कि इस विभाग की रीढ़ की हड्डी की तरह हैं, जैसे नर्सेज और क्लास ४ कर्मचारी, अस्पताल चलते हैं । अगर वे परेशान होंगे और उनकी कार्य क्षमता घटेगी तो अस्पतालों का काम चलना मुश्किल है ।

इसी के साथ साथ मैं थोड़ा सा इंस्टीटयूट आफ मैडीकल साइंस के मुताल्लिक भी कहना चाहता हूं । एक मैमोरेंडम सरकार को भी दिया गया है । उसमें बताया गया है कि वहां करप्शन और भ्रष्टाचार बढ़ता जा रहा है । उसमें बताया गया है कि ६ हैड क्लर्क वहां पकड़े गए हैं रिश्वत लेने के सिलसिले में और उनके खिलाफ जांच हो रही है । कुछ डाक्टर वहां ऐसे हैं जो आठ आठ वर्ष से चल रहे हैं । उनको हटाया नहीं जाता है । वहां पर एक मिस्टर एन० बी० चटर्जी है जो तीन हजार रुपया मासिक तनख्वाह लेते हैं, और डपुटेशन पर हैं आठ दस साल से । कहा जाता है कि पांच वर्ष से ज्यादा समय तक किसी को डपुटेशन पर नहीं रखा जाना चाहिए, लेकिन वह वहां चल रहे हैं और वही एडमिनिस्ट्रेटिव आफिसर हैं । वहां के सारे भ्रष्टाचार की जड़ वह है । मैं चाहता हूं कि इसके मुताल्लिक जांच की जाए और जो सारी गड़बड़ी चल रही है उसको दूर किया

[श्री मोहन स्वरूप]

जाए । इसके मुताल्लिक पार्लियामेंट में एक सवाल किया गया था जिसके जवाब में कहा गया था :

Loss of surgical instruments of Rs. 25,000 in the main operation theatre of the Institute Hospital.

Loss and misappropriation of medicine in the Hospital Medical Store of about Rs. 8,000.

Loss and misappropriation of stores and money in the Department of Biochemistry.

Loss of linen articles of Rs. 3,000 in the main operation theatre of the Institute Hospital.

इस तरह की चीजें हैं । मैं चाहता हूं कि मंत्री महोदय इस सिलसिले में उत्तर दें और यहां जो यह सारा गड़बड़ घोटाला हो रहा है इसको दूर करने के लिए उचित कार्यवाई करें ।

कुछ थोड़ा सा फैमिली प्लानिंग के बारे में कहना चाहता हूं । इसकी भी चर्चा यहां अक्सर होती है । इस सिलसिले में मैं यह जरूर कह दूं कि देश की आबादी जरूर बढ़ती जा रही है । पहले इसके बढ़ने की रफ्तार १.८ परसेंट थी जो कि अब बढ़ कर २.५ परसेंट हो गयी है, और इस तरह हर साल १ करोड़ १५ लाख आदमी बढ़ जाते हैं । अगर बढ़ने का यही सिलसिला रहा तो १७ साल में यहां की आबादी ७२ करोड़ हो जाएगी । ६ : चीज को मैं मानता हूं, लेकिन जो कदम उठाए जा रहे हैं मैं समझता हूं कि वह कुछ उपयुक्त नहीं हैं । पहले प्लान में इस काम के लिए ६५ लाख रुपया खर्च किया गया, दूसरे प्लान में ५ करोड़ रुपया खर्च किया गया और तीसरे प्लान में २७ करोड़ रुपया इस काम के लिए रखा गया है । पहले दो प्लानों में जो रुपया एलोकेट किया गया था उसमें से आधी रकम खर्च नहीं हुई और वापस कर दी गयी । तीसरे प्लान में २७ करोड़ रुपया रखा गया है लेकिन तीन वर्ष में इस में से केवल ६ करोड़ रुपया खर्च हुआ है । मैं समझता हूं कि इस दिशा में सरकार का प्रयत्न सफल नहीं रहा है । इस संबंध में मैं कुछ सुझाव देना चाहता था । पहली बात तो क्लिनिक्स खोलने की बात है । मेरा अनुभव है कि स्टरलाइजेशन का तरीका उपयुक्त नहीं रहा है । अक्सर देखा गया कि स्टरलाइजेशन से औरतें मर गयीं और एक मुसीबत पैदा हो गयी । मैं समझता हूं कि वर्थ कंट्रोल के लिए इससे बहुत मदद मिल सकती है अगर शादी की उम्र लड़की की १८ साल कर दी जाए । १८ वर्ष की लड़की की शादी होगी तो बीस वर्ष की उम्र में उसको बच्चा होगा । मेरा सुझाव है कि लड़कियों की उम्र १३, १४ या १५ से बढ़ा कर १८ कर दी जाए ।

**एक माननीय सदस्य** : और लड़के की ।

**श्री मोहन स्वरूप** : लड़के की २२ या २५ साल कर दी जाए । मैं समझता हूं कि इससे कुछ रुकावट पैदा होगी । फैमिली प्लानिंग करने से आज जो तेजी से आबादी बढ़ रही है उसमें कुछ कमी हो सकेगी ।

इसी के साथ साथ मैं यह अर्ज कर दूं कि इस देश में कुछ लोग तो हैं जोकि इस फैमिली प्लानिंग का पालन करते हैं और स्टरलाइजेशन आदि करवाते हैं लेकिन देश में बहुत से लोग ऐसे भी हैं जोकि परिवार नियोजन में विश्वास नहीं रखते हैं और जोकि दो, तीन बीवियां रखते हैं । मैं तो चाहता हूं कि पूरे देश में इसका इम्प्लीमेंटेशन हो । यह नहीं कि कुछ सैक्शन और स्थानों में हो और कुछ में न हो । अगर सब जगह एक सा इस बारे में अमल नहीं होता है तो यह चीज कुछ समझ में नहीं आती है और आज जो

फैमिली प्लानिंग का ढंग है उससे कुछ विशेष फायदा होने वाला नहीं है ।

अभी हमारे श्री यशपाल सिंह ने आयुर्वेद के बारे में जिक्र किया । अभी १७, १८ और १९ अक्तूबर को महाबलेश्वर में एक कान्फ्रेन्स हुई थी उसमें सरकार की तरफ़ से यह कहा गया कि शुद्ध प्रणाली अपनाई जाय । मैं नहीं समझता कि शुद्ध प्रणाली का मतलब क्या है ? हमारे प्राइम मिनिस्टर साहब ने एक वाक्य कहा था :—

"I doubt if ancient system should be cut off from modern medical science." He said: "The old and new should go together to give the best to the Indian people."

मेरा भी यही ख्याल है कि पुरानी प्रणाली और नई प्रणाली दोनों के मिश्रण से ही इस देश का कुछ भला हो सकता है । उस पुरानी प्रणाली के अन्तर्गत २५००० से ज्यादा डाक्टर्स जो कार्य करते हैं और जो इससे लाभान्वित होते थे इस सिस्टम से, जब यह सिस्टम ख़त्म कर दिया जायगा तो मैं समझता हूं कि बड़ी परेशानी बढ़ रही है और दिनोदिन काम में रुकावट हो रही है ।

मैं कुछ होम्योपथी के बारे में भी तजकिरा करना चाहता हूं । चिकित्सा की यह एक अच्छी और सस्ती प्रणाली है । इस समय इस देश में करीब करीब ४ लाख होम्योपैथिक डाक्टर्स हैं और ८ करोड़ मरीजों का वे इलाज करते हैं । मैं समझता हूं कि इस तरफ़ भी सरकार का ध्यान जाना चाहिए और इस सस्ती प्रणाली को भी प्रोत्साहन मिलना चाहिए ।

कुछ वाटर सप्लाई के मुताल्लिक भी मैं जिक्र करना चाहता हूं । घंटी बज गयी है और हालांकि कहने को तो मेरे पास अभी बहुत कुछ था लेकिन समय नहीं रहा है इसलिए मैं बहुत संक्षेप में कह कर अपनी बात ख़त्म करूंगा । पानी की सप्लाई की पोज़ीशन बहुत ख़राब है । आज भी देश में ऐसे लाखों गांव हैं जहां कि पानी का प्रबंध नहीं है । ५ लाख ५८ हजार गांवों में से लाखों गांव ऐसे हैं जिनमें कि पीने के पानी की कोई व्यवस्था नहीं है । वे ज्यादातर, पुराने तालाबों, गड्ढों, कुओं या नालों से पानी पीते हैं । मैं चाहता हूं कि सरकार इस समस्या की ओर ध्यान दे । दिल्ली, कलकत्ते और बम्बई जैसे बड़े शहरों में सरकार म्युनिसपल्टियों द्वारा करोड़ों रुपये खर्च कर रही है । मैं नहीं समझता कि आखिर गांवों के लोगों ने क्या कसूर किया है, क्या ख़ता की है कि तीन पंचवर्षीय योजनाएं गुजर जाने के बाद भी वहां उनके लिए पानी मयस्सर नहीं होता ।

हरिजनों और आदिवासियों के लिए यह कह तो दिया जाता है कि उनको सुविधाएं देने के लिए यह हो रहा है और वह हो रहा है लेकिन वास्तविक रूप में उनको कोई सहायता नहीं मिल रही है । अब भी दक्षिण में बहुत ऐसे स्थान हैं जहां कि हरिजन लोगों को कुओं आदि से पानी पीने नहीं दिया जाता है और वह बेचारे इंतजार में वहां खड़े रहते हैं कि कोई स्वर्ण हिन्दू वहां आये और उन को पानी दे । अगर आज के युग में इस तरह की स्थिति चलने दी जाती है तो मैं समझता हूं कि प्रजातंत्र का कोई अर्थ नहीं रह जाता है । इसलिए मैं आग्रह करूंगा कि लोगों को पीने का पानी सप्लाई करने की ओर सरकार को ध्यान देना चाहिए और लाखों ग्रामीणों को यह सुविधा मिलनी चाहिए ।

**उपाध्यक्ष महोदय** : माननीय सदस्य का समय समाप्त हो गया है ।

**Shri Hari Vishnu Kamath:** He is making a useful contribution.

और वह मेरे दल का एक मात्र वक्ता है ।

**उपाध्यक्ष महोदय** : अच्छा बस दो मिनट और ले लीजिये ।

**श्री मोहन स्वरूप** : अभी एक रिपोर्ट तम्बाकू के सिलसिले में अमरीका की तरफ़ से शाया हुई है जिसकी कि बहुत कुछ चर्चा भी हो रही है । तम्बाकू से कहा जाता है कि कैंसर होता है और बहुत से मर्ज बढ़ते जा रहे हैं । मैं चाहता हूं कि सरकार इस ओर ध्यान दे । सब से पहले तो मैं यह चाहता हूं कि डाक्टर्स उस पर अमल करें क्योंकि मैं देखता हूं कि १०० में से ९० डाक्टर्स धूम्रपान करते हैं, तम्बाकू पीते हैं । जब डाक्टर्स ही स्वयं तम्बाकू पीते हों तो मरीजों पर उसे क्या असर पड़ सकता है इनका सहज में ही अनुमान लगाया जा सकता है । यह जो तम्बाकू से कैंसर होने वाली रिपोर्ट है यह बड़ी चिन्ताजनक है । इससे शुबहा और अंदेशा पैदा हो रहा है कि यह तम्बाकू बहुत से मर्जों की जड़ है । मैं चाहता हूं कि इस तरफ़ सरकार ध्यान दे और इस रिपोर्ट को इम्प्लीमेंट करने की तरफ तवज्जह दे ।

**श्री बड़े** : बच्चे सिग्रेट, बीड़ी पीते हैं उसको सरकार को कड़े कदम उठा कर रोकना चाहिए ।

**श्री मोहन स्वरूप** : जैसा कि अभी श्री बड़े ने कहा बच्चों में यह सिग्रेट बीड़ी, आदि पीने की आदत बढ़ती ही जा रही है । छोटी सी उम्र में ही ये लोग सिग्रेट बीड़ी आदि पीना शुरू कर देते हैं और आपस में होड़ लगाते हैं कि देखें कौन ज्यादा लम्बा कश लगाता है और इस तरह वे उसके आदी बन जाते हैं । मैं चाहता हूं कि सरकार को धूम्रपान के लिए कोई एक व्यापक कानून बनाना चाहिए और खास तौर से बच्चों की रोक थाम के लिए कोई सक्रिय कदम उठाना चाहिए ।

बम्बई में कैंसर का जो इन्स्टीच्यूट है वह एटैमिक इनर्जी कमिशन के अन्तर्गत है । मैं जानना चाहता हूं कि ऐसा क्यों है ? अब कैंसर तो स्वास्थ्य से संबंध रखता है और इसलिए वह इंस्टीटयूशन तो ऐटैमिक इनर्जी विभाग के अन्तर्गत न रख कर उसे तो स्वास्थ्य मंत्रालय के अन्तर्गत लाना चाहिए । . .

**उपाध्यक्ष महोदय** : माननीय सदस्य अब तो खत्म कर ही दें ।

**श्री मोहन स्वरूप** : अभी कहना तो और भी था। लेकिन चूंकि घंटी कई बार बज चुकी है और अभी भी घंटी बज रही है और मुझ से बैठ जाने के लिए कहा जा रहा है इसलिए मैं और अधिक न कहते हुए अपनी जगह लेता हूं ।

**Dr. S. K. Saha** (Birbhum): Mr. Deputy Speaker, Sir, I support the Demands presented by the Health Minister, and in supporting the Demands I congratulate the Government for making the medical services All-India services.

Health is the most valuable asset of our nation and it is the fundation upon which everything including defence, development, agriculture, education and other things are to be built up. But I am sorry to say, Sir, that the health standards of India are not what they should be. This is due to the fact that the Plan provisions for health have gone down relatively from the First Five Year Plan where it was 5.9 per cent of the total outlay to 5 per cent in the Second Five Year Plan and 4.25 per cent in the Third Five Year Plan. In this emergency period it has been reduced by 27 per cent. The *per capita* expenditure on health is 1.47 naye paise on average. This is not sufficient. This is inadequate. Moreover, this amount is not evenly distributed all over the country. In U.P. it is 85 nP. which is the lowest and in West Bengal it is Rs. 3.25 nP. which is the highest.

Prevention of diseases, treatment of the sick and promotion of good health are the main problems before the Health Ministry. Prevention is better than cure; so, our Health Ministry has taken steps to prevent the following

diseases, namely, small-pox, malaria, leprosy etc. It is interesting to note that the percentage of malaria to other diseases has come down from 10.8 in 1953-54 to 0.4 in 1962-63.

But another dangerous disease, namely, tuberculosis, is spreading rapidly in spite of preventive measures taken to control it due to malnutrition and unhealthy surroundings. Formerly it was confined to large industrial towns and urban area but now it is spreading rapidly in the villages. About six million people are suffering from this disease, but the number of beds is very much less in comparison to the number of people suffering from this disease.

It is interesting to note that the Health Ministry has provided domicillary treatment for the patients suffering in the rural areas. But there is one drawback in this domicillary treatment. The patient from the rural area has to go to the district clinic which is the only one to establish the diagnosis by means of an x-ray. The poor patient from the rural area cannot afford to go to the district health clinic for examination. I, therefore, suggest that mobile x-ray unit should be provided in each district clinic so that it may go to each primary health centre to detect and treat the cases. If that is not possible, alternatively I suggest that a microscope be provided to every primary health centre for examining the sputum of the patient.

Leprosy is also increasing rapidly and 5 million people are suffering from this. Isolation and domicillary treatment is the remedy to control this disease. In Japan this disease was controlled by means of isolation and domicillary treatment.

Water supply for the rural areas is not sufficient. 75 per cent of the people live in the rural area. It is estimated that a sum of Rs. 300 crores will be spent for rural water supply, but in the Third Plan a sum of Rs. 67 crores only has been allotted for this purpose. About 40 per cent of this allotment has been spent up to 1963-64. This sum is divided among four ministries, namely, the Ministries of Health, Planning, Home Affairs and Community Development. I am glad to say that a high-power water board has been formed recently to have co-ordination among these ministries. There are many places in the rural area which are not supplied with pure water and every year 2 to 3 million people die of waterborne diseases, namely, cholera, typhoid, diarrhoea etc.

The Health Committee suggested one doctor for 3,000 people but we have got one doctor for 6,000 people. In spite of the number of medical colleges increasing from 57 at the end of the Second Plan to 79 in 1963-64 with an admission capacity of 10,097, there is scarcity in our country so far as medical men are concerned. Most of the doctors are not inclined to go to the villages because they do not get their requirements there. So, I request the Health Ministry to solve the problems as well as improve the service conditions of doctors for going to the villages.

**श्रीमती कमला चौधरी** (हापुड़) : उपाध्यक्ष महोदय, मैं स्वास्थ्य मंत्रालय की मांगों का समर्थन करती हूं और मंत्रिणी महोदया को धन्यवाद देती हूं ।

आज प्रात : काल समाचार पत्र से यह सूचना मिली कि सफदरजंग और विलिंगडन हास्पिटल्ज़ को उन्होंने शिक्षण-संस्थायें घोषित कर दिया है । इस के लिये मैं उन्हें बधाई देती हूं ।

स्वास्थ्य मंत्रालय का वार्षिक प्रतिवेदन देखने से स्पष्ट है कि जन-स्वास्थ्य की रक्षा हेतु इस मंत्रालय के द्वारा अनेक उपयोगी योजनायें चल रही हैं, जिन में अनेकों मेडिकल कालेज, अस्पताल, चिकित्सा शिक्षा एवं प्रशिक्षण कार्यक्रम परिवार नियोजन, ग्रामों में सफाई और जल व्यवस्था आदि सम्मिलित हैं ।

[श्रीमती कमला चौधरी]

मेडिकल कालेजों की देश में अधिक मांग है। उस को देखते हुए इस वर्ष मेडिकल कालेजों की क्षमता बढ़ा दी गई हैं, जिस के अनुसार प्रत्येक कालेज में २०० उम्मीदवार प्रति-वर्ष दाखला पा सकते हैं। मेडिकल कालेजों की संख्या भी बढ़ा कर ७१ से ७६ हो गई है इस वर्ष आठ नये कालेज खोले गये हैं। पिछले वर्ष इन कालेजों में एम० बी० बी० एस० में प्रवेश पाने वाले छात्रों की कुल संख्या ७,६७६ थी, जो कि बढ़ कर १०,६६७ हो गई हैं। स्वास्थ्य मंत्रालय के द्वारा जो ये कदम उठाए गए हैं, वे प्रशंसनीय हैं। इस के साथ ही कालेजों में सीटें भी बढ़ ई गई हैं तथा अन्य सुविधाओं के विस्तार के लिये राज्य सरकारों को वित्तीय सहायता भी बराबर दी जा रही है।

मेरा निवेदन है—मंत्रिणी महोदया शायद मुझ से सहमत होंगी—कि देश में एम० बी० बी०एस० की शिक्षा देने वाले कालेज बहुत हैं। अब हम को अधिक ऊंचे स्तर की शिक्षा की तरफ, पोस्ट-ग्रेजुएट कालेजों की स्थापना की ओर अधिक ध्यान देना चाहिये, क्योंकि हमारा देश शल्य चिकित्सा में अन्य देशों से अभी पिछड़ा हुआ है। स्वास्थ्य विज्ञान के जितने भी ऐसे विषय हैं, जिन में अभी अनुसंधान करने की जरूरत है, उन की तरफ उन का ध्यान जाना चाहिये और अधिक ऊंचे स्तर की शिक्षा को बढ़ाना चाहिये। हमारे देश के भावी डाक्टर बहुत दिनों तक विदेशों की शिक्षा पर निर्भर रहें, यह हमारे देश के लिये कुछ शोभनीय बात नहीं है। मैं आग्रह करूंगी कि स्वास्थ्य विज्ञान के सभी विषयों के अनुसंधान कार्य यथा शक्ति शीघ्र से शीघ्र यहीं प्रारम्भ करने की चेष्टा की जाय।

**14 hrs.**

मेडीकल कालेजों के अध्यापकों के पदों को आकर्षक बनाने के लिये उनके वेतनों में कुछ वृद्धि होनी चाहिये। यदि हो सके तो इन स्थानों पर प्रोपोज्ड अखिल भारतीय चिकित्सा एवं स्वास्थ्य सेवा के लोगों को नियुक्त किया जाना चाहिए।

स्वास्थ्य सेवा के गठन के बारे में मैं निवेदन करना चाहती हूं कि जो अधिसूचना जारी की गई थी शीघ्र ही कार्यरूप में परिणत करना चाहिये। इस सेवा के बन जाने से कर्मचारियों को काफी लाभ होगा तथा उन्हें विभिन्न प्रकार के अनुभव प्राप्त करने के अवसर मिलेंगे। इस दिशा में अगले कदम शीघ्र ही उठाये जायें ताकि भारतीय चिकित्सा एवं स्वास्थ्य सेवा का निर्माण हो सके।

देश में इस समय काफी संख्या में उच्च शिक्षा प्राप्त डाक्टरों की आवश्यकता है। हर वर्ष जो डाक्टर अपना कोर्स समाप्त करके निकलते हैं उन में से अधिकांश देखा जाता हैं, सरकारी नौकरी करना पसन्द नहीं करते हैं, प्राइवेट प्रेक्टिस करना पसन्द करते हैं। इसका कारण मेरे विचार में यह है कि सरकार उन्हें वेतन कम देती है। इस ओर भी आपका ध्यान जाना चाहिये। अगर वेतनों में वृद्धि करनी है तो यह स्पष्ट है कि स्वास्थ्य मंत्रालय को जो धन मिलता है, वह कम है, इस लिये उसको बढ़ाया जाय। मैं सरकार से निवेदन करना चाहती हूं कि स्वास्थ्य का विषय एक साधारण विषय नहीं है, इसका सम्बध विशाल जनसंख्या से, जन जन से है, गांव गांव में हमें स्वास्थ्य सेवा को पहुंचाना है और इसके लिये बहुत बड़ी धन राशि की की जरूरत है, इस लिये स्वास्थ्य मंत्रालय को अधिक धन दिया जाय। मैं चाहती हूं कि इस बजट में वित्त मंत्री महोदय इस पर विचार करके अधिक धन देने की व्यवस्था करें।

भारतीय चिकित्सा परिषद की सिफारिश के अनुसार दीर्घावकाश और छुट्टियों में कमी करके मंत्री महोदया ने एम०बी० बी०एस० के कोर्स में ६ महीने की जो कमी

की है, मैं उसकी प्रशंसा करती हूं। मेरे विचार में समय को देखते हुए वह एक उपयोगी कदम है। कोर्स समाप्त करने के बाद गृहचिकित्सक रहने की एक वर्ष की अवधि थोड़ी है, वह मुझे कम प्रतीत होती है। मेरे विचार में इस समय चिकित्सा के क्षेत्र में गावों पर ध्यान देने की आवश्यकता है। अनेक प्रांतो में तो चिकित्सालयों पर महीनों तक चिकित्सक तैनात नहीं हो पाते, वे चिकित्सालय खाली पड़े रहते हैं। इसका एक कारण मुझे यह भी लगता है कि हमारे युवक शिक्षित हो कर जब डाक्टर बन कर निकलते हैं, उन में सेवा भाव का अभाव होता है और वे शहरों में ही रहना पसन्द करते हैं, ग्रामीणों के बीच में जा कर रहना पसन्द नहीं करते हैं। अगर माननीय मंत्री महोदया सहमत हों मुझ से तो शिक्षा पद्धति में वह कुछ इस प्रकार का परिवर्तन करें जिससे हमारे नवयुवक जो डाक्टर बन कर निकलते हैं, उन में सेवा की भावना जागृत हो।

डाक्टरों की शिक्षा पर जनता एवं सरकार बहुत बड़ी धनराशि खच करती है। इतनी बड़ी धनराशि खच करने के बावजूद अगर हमारे डाक्टरों में यही भावना व्याप्त रहे कि वे शहरों तक ही सीमित रहना चाहते हैं और दुखी, पीड़ित जनता जहां रहती है, उसकी सेवा करने की लालसा उन में न हो तो यह स्पस्ट है कि ऐसे डाक्टर हमारे देश के लिये कैसे कल्याणकारी सिद्ध हो सकते हैं।

बहुत से माननीय सदस्यों ने पीने के जल की समस्या की चर्चा की है। मेरे विचार से स्वास्थ्य मंत्रालय के अधीन यह सम्पूर्ण व्यवस्था होनी चाहिये। भले ही प्लानिंग कमिशन इसके लिये धन दे। लेकिन यह व्यवस्था पूरी स्वास्थ्य मंत्रालय के अन्दर होनी चाहिये। उदाहरण-स्वरूप मैं कहना चाहती हूं कि अगर एक नल कहीं लगा दिया जाय और पानी निकलने की व्यवस्था न हो, नालियों की व्यवस्था न हों, सफाई की व्यवस्था न हों, तो वह स्वच्छ जल स्वास्थ्य के लिये बेकार हो जायगा। दो तीन मंत्रालयों के हेर फेर से पीने के पानी की व्यवस्था होती है यह उचित नहीं है। प्रत्येक प्रांत में लाखों गांव इस तरह के हैं जहां आज भी पीने का पानी ठीक नहीं मिलता है। पौष्टिक पदार्थ खाने को मिलें, उससे अधिक आवश्यकता इस बात की है कि अच्छे स्वास्थ्य के लिये स्वच्छ जल और स्वच्छ वायु मिले। स्वास्थ्य के लिये अच्छा पानी और स्वच्छ वायु के लिये सफाई जरूरी है। मैं आपके द्वारा सरकार से निवेदन करूंगी कि पानी की व्यवस्था करने का पूरा भार स्वास्थ्य मंत्रालय के हाथ में होना चाहिये।

अभी हमारी मंत्री महोदया शायद कुछ लिख रही हैं। मैं उनका ध्यान अपनी ओर आकर्षित करने के लिये कुछ पंक्तियां कहना चाहती हूं :

स्वास्थ्यदात्री सुशीला नैयर,
तुम सबकी हेल्थ बढ़ाती हो।
परिवार नियोजन बर्थ कंट्रोल के,
आशिष बचन सुनाती हो।
निज अभिनंदन स्वीकार करो,
तुम दयामयी कहलाती हो।
वित्त मंत्री की भांति मृत्यु पर,
टैक्स नहीं लगवाती हो।
फिर क्यों मरनेवाले के जहरीली
सुइयें कुचवाती हो ?
मनुज जन्म पर अंकुश भारी,
मच्छर मक्खी मरवाती हो।
ब्रह्मा की क्या शत्रु हो उनकी
रचना पर रोक लगाती हो।
पैन्सलीन के टीके दे कर,
क्यों रुधिर अशुद्ध बनाती हो।
शाकाहारी पवित्र देह में,
कीटाणु प्रवेश कराती हो।
हे महिमामय कलियुग देवी,
मनमानी सृष्टि रचाती हो।

[श्रीमती कमला चौधरी]

करतीं सब का कल्याण, पुजापा,
उचित नहीं तुम पातीं हो ।
क्या इसी लिये आर्य रक्त में,
मेल मिलावट करवातीं हो ?

अन्त में मेरा निवेदन है कि हमारे लिए यह शोभनीय नहीं है कि इतने बड़े स्वास्थ्य विभाग का मंत्री केवल राज्य मंत्री हो । मैं कामना करती हूं और सरकार से प्रार्थना करती हूं कि उन्हें मंत्रिमंडल का सदस्य बना दिया जाय ।

**श्री गौरी शंकर कक्कड़** (फतेहपुर) : उपाध्यक्ष महोदय, स्वास्थ्य मंत्रालय की मांगों के बारे में विचार करते समय दो तीन चीजों की तरफ विशेष तौर से हमारा ध्यान जाता है । सब से महत्व का प्रश्न देहाती क्षेत्रों में पीने के पानी की व्यवस्था करना है । यह विषय इसी मंत्रालय से सम्बन्धित है क्योंकि इसका सम्बन्ध जनस्वास्थ्य से है । आज सवेरे प्रश्नोत्तर काल में मंत्री महोदय ने स्वीकार किया था कि बहुत से प्रदेशों में जो रुपया इस मद में दिया गया है वह व्यय नहीं हो पाया है और उसका एक कारण और सब से बड़ा कारण जहां तक उत्तर प्रदेश का सम्बन्ध है, यह है कि कुएं बनाने का प्रश्न जब आता है किसी भी देहाती क्षेत्र में तो जो ग्रांट या सहायता भारत सरकार देती है, उसके अतिरिक्त मैचिंग ग्रान्ट का जब प्रश्न उठता है तो हां पर उस अनुपात से कांस्ट्रीब्यूशन न होने के कारण प्रगति नहीं हो पाती है और यह रुपया इसी प्रकार रखा रह जाता है । मुझे यह सुझाव देना है कि वास्तव में जो देहाती क्षेत्र इस प्रकार के हैं जहां कि अब भी जनता तालाबों से पानी पी कर, गन्दे पानी से अपना जीवन निर्वाह करती है, वहां तो भारत सरकार को सेंट पर सेंट ग्रांट दे कर के ऐसी व्यवस्था करनी चाहिये कि वहां पर कुंए गैरह बनें और इस मदद का रुपया वहां अच्छी प्रकार से खर्च होता रहे ।

जहां तक स्वास्थ्य मंत्रालय का सम्बन्ध है जो रोग मनुष्य को होते हैं उनको अच्छा करना और उनको रोकना, उन रोगों को न होने देना, इस मंत्रालय का काम है । इन चीजों की ओर उस को विशेष ध्यान देना है । जहां तक बड़ी बड़ी महामारियों और रोगों का सम्बन्ध है, इसमें कोई सन्देह नहीं है कि जब से हमारा देश स्वतन्त्र हुआ, इस प्रकार की रोक थाम अवश्य हुई है । मैं विशेष तौर पर मलेरिया के बारे में कहूंगा कि काफी सफलता इसके रोकथाम में हुई है । परन्तु मैं यह कहने के लिये बिल्कुल तैयार नहीं हूं कि जो भी इन राष्ट्रीय योजनाओं पर व्यय किया जा रहा है वह उचित रूप से हो रहा है या उसका उचित रूप से उपयोग हो रहा है । आप मुझे यह कहने की इजाजत दें कि बहुधा यह देखा गया है कि देहाती क्षेत्रों में जहां पर नैशनल मलेरिया एरैडिकेशन प्रोग्राम और स्माल पाक्स के प्रोग्राम चल रहे हैं, लोग अच्छी अच्छी गाड़ियों में, स्टेशन वैगनों में एक देहात से दूसरे देहात और एक ब्लाक से दूसरे ब्लाक में घूमते रहते हैं । जिला स्तर पर जो उनके अफसर होते हैं उनका रहन सहन और स्टैंडर्ड आफ लिविंग बहुत ऊंचा होता है । चूंकि वह बहुत तड़क भड़क के साथ देहाती क्षेत्रों में जाते हैं, जहां के लिये उनका प्रोग्राम है वे इन रोगों का उन्मूलन व्यवस्थित रूप से करने में सफलता प्राप्त नहीं कर रहे हैं ।

एक चीज मुझे विशेष तौर से कहनी है कि अगर हमारा मंत्रालय भारतवर्ष की जन संख्या के आंकड़े ले और उन आंकड़ों को सामने रख कर यह देखे कि कितने भारतवासी ऐलोपैथिक के इलाज पर निर्भर करते हैं और कितनी बड़ी जनसंख्या हमारे देहातों में रहने वाली ऐसी है जो ऐलोपैथिक प्रणाली या इलाज के पास या दवा के पास तक न जाकर अपना जीवन निर्वाह करती है, तो मैं विश्वास दिलाऊंगा कि हमारी अधिकतर आबादी इस देश की

ऐसी है जो आयुर्वेदिक, यूनानी और होमियोपैथिक पद्धतियों के ऊपर निर्भर करती है। कारण यह है कि अब भी आयुर्वेदिक, यूनानी और होमियोपैथिक पद्धतियां बहुत सस्ते दामों में इलाज कर देती हैं, दूसरे उनकी सुविधायें उन्हीं स्थानों में, जहां पर वे लोग रहते हैं प्राप्त हो रही हैं। जब हम यह देख रहे हैं कि अधिकतर संख्या में हमारे यहां के लोग यह हैसियत नहीं रखते, उनके पास इतने साधन नहीं हैं कि वे ऐलोपैथिक पद्धति से अपने रोग का इलाज करा सकें, जब इस प्रकार के आंकड़े हमारे सामने हैं कि एक बहुत बड़ी संख्या हमारे यहां की आयुर्वेदिक, यूनानी और होमियोपैथिक पर आश्रित है, तो जिस प्रकार का व्यवहार स्वास्थ्य मंत्रालय इन पद्धतियों के साथ कर रहा है, वह कहां तक उचित है। मैंने गत वर्ष भी इसका उल्लेख किया था कि जो प्रोत्सहन ऐलोपैथिक पद्धति को दिया जाता है, उसके नौकरों के वेतन देने में, उस की औषधियां मंगाने में और उसके चिकित्सालय खोलने में, अगर उसका आधा भी प्रोत्साहन हमारी अपनी देशी प्रणालियों, अर्थात् आयुर्वेदिक, यूनानी और होमियोपैथिक, को दिया जाय तो हमारी जनता को काफी लाभ हो सकता है। मगर मुझे दुःख है कि इस पर ध्यान न देकर उन पद्धतियों के साथ सौतेली मां का सा व्यवहार किया जाता है।

इसके बाद मुझे यह भी बतलाना है कि कोई भी इस प्रकार की व्यवस्था हमारे देश में सही तौर पर लागू नहीं की जाती जहां पर कि हमारे देश के अन्दर जो जड़ी, बूटियां और दवायें हैं उन पर एक्सपेरिमेंट हो कर उनको आगे बढ़ाया जाये और रोग को दूर करने के लिये उसको सही तौर पर प्रयोग में लाया जाये। स्वास्थ्य मंत्रालय का सम्बन्ध और भी मंत्रालयों के साथ है और इस पर उनको विशेष ध्यान देना है कि बहुत सी खाने पीने की चीजें जो इंडस्ट्रीज विभाग अथवा दूसरे विभागों के द्वारा पैकेट्स के रूप में तैयार की जाती हैं और जो स्वास्थ्य के लिये हानिकारक होती हैं, उन पर भी रोक थाम करने का स्वाथ्य मंत्रालय को अधिकार होना चाहिये।

अन्त में अधिक समय न लेकर एक बात की ओर मुझे आपका ध्यान अवश्य दिलाना है कि जो लड़के और लड़कियां स्कूल जाती हैं, प्राइमरी या सेकेन्डरी किसी भी स्टेज में उनके वास्ते कोई भी स्वास्थ्य की व्यवस्था स्कूलों में देखने को नहीं मिलती। आज से तीस या चालीस साल पहले जब हम लोग पढ़ते थे तब भी जिले के हेल्थ आफिसर प्राइमरी स्कूलों और सेकेन्डरी स्कूलों में जाकर लड़कों को देखते थे। परन्तु आज छोटे बच्चे-बच्चियों के स्वास्थ्य को देखने के लिये स्कूलों में कोई व्यवस्था नहीं है। इसका फल यह होता है कि जब लड़कपन से ही स्वास्थ्य बिगड़ जाता है तो आगे चल कर फिर उनका स्वास्थ्य बिगड़ता ही जाता है। वे स्वस्थ नहीं रहते। मैं चाहूंगा कि कम से कम जो लड़के-लड़कियां स्कूलों में पढ़ती हैं, प्राइमरी स्टेज, सेकेन्डरी स्टेज और यूनिवर्सिटी स्टेज, सब जगह इस की व्यवस्था हो नीचाहिये। प्रत्येक जगह डिस्ट्रिक्ट लेबल पर इसके लिए एक हेल्थ आफिसर या सिविल सर्जन जो भी हो, उस को पूरे तौर से इसकी जिम्मेदारी लेनी चाहिये कि प्रत्येक बालक और बालिका, चाहे किसी भी कक्षा में वह पढ़ती हो, पूर्ण रूप से स्वस्थ हो। उसका स्वास्थ्य किसी प्रकार से बिगड़ न पाये। इन सब बातों पर स्वास्थ्य मंत्रालय का ध्यान जाना बहुत आवश्यक है।

**Shri A. T. Sarma** (Chatrapur): Mr. Deputy-Speaker, Sir, I wholeheartedly support the Demands for Grants of the Health Ministry. The Health Ministry has achieved wonderful results in certain respects. As I have only ten minutes at my disposal, I will confine myself to the indigenous system of medicine.

First of all, our hon. Health Minister is quite aware that the products of the Integrated Courses are neither

[Shri A. T. Sarma]

well up in Ayurveda nor in Allopathy. They register their names as Ayurvedists but practise allopathic medicine. Here there are two mistakes committed. They register their names as Ayurvedists but they never practise Ayurveda and they do not register their names as Allopathists but they practise allopathis medicine. This is one sort of corruption in the health field. So, I draw the attention of the hon. Minister to this thing and I would urge her to do something in this regard. In this connection, I suggest that those who are inclined towards Ayurveda may be given a refresher course in Ayurveda and those who are inclined towards Allopathy, should be given a refresher course in Allopathy and they should be asked to practise either Allopathy or Ayurveda according to their decision so that that question may be solved. In Orissa, there were 292 products of the Integrated Courses and they are being given Training in refresher course. Now that problem has been solved. In this connection, I may also mention that there is a dearth of medical hands in the public health and medical health departments. Their services may be utilised. As we have produced them, we must have a sympathetic view towards them.

It will be ridiculous on my part to say anything about Ayurveda, as I find that the Health Ministry is influenced only by the so-called Ayurvedists. So long as the Health Ministry is under the clutches of the so-called Ayurvedists, nothing can be achieved in the Ayurvedic field. They are manipulating the department or the Ministry so cunningly that nothing real can be done for Ayurveda. And if the Health Ministry being a layman in this field is under their influence, it is not unnatural.

I know that for the last forty years Government have introduced the integrated course and turned out many doctors who are the products of this integrated course, and they were appointed in all the Government offices and they are running the administration now. There is no field for the Ayurvedists in Health Ministry. Even though the Health Ministry is fully aware that they are not well up either in Ayurveda or in allopathy, yet it is putting much weight on them, under their pressure or influence. They know how to serve their masters; they never read the original Ayurvedic books, but they just pick up some words like *dosha, dooshya, bala, satthwa, etc.* and they write some articles in the newspapers and produce some papers in the name of Ayurveda. Because the Health Ministry is a layman in this field, it thinks that these people have produced a good article, and hence put much weight on them. This is what is happening. This is how they are spending a lot of public money in the name of Ayurveda.

In this connection, I am reminded of the *sloka* which says:

मर्कटानां विवाहे तु गर्दभा : किल गायक : ।
परस्परं प्रशंसन्ति हूयहोरुपमहो ध्वनि: ॥

In the marriage party of the monkeys, the donkeys were invited to sing songs, and each set was praising the other; the donkeys were saying 'What a charming face you possess', and the monkeys were saying 'What a sweet voice you possess'. We find the same thing in the Health Ministry also. when one set of of products of the integrated course suggests something, the other set of products supports it, and because of this, the Healthy Ministry is putting much weight on them, and thinks that they have done an excellent work and it should be let out.

**Shri P. Venkatasubbaiah** (Adoni): Both the hon. Minister and the hon. Deputy Minister are eminent doctors.

**Shri A. T. Sarma:** I have much regard for them. I am not criticising them. It is out of my anxiety to do something for Ayurveda that I am saying this. I have no hostility either towards the hon. Minister or towards the hon. Deputy Minister. I have a high regard for both of them. But I want that some concrete work must be done for Ayurveda.

In this connection, I may point out that the research department has produced a paper entitled 'Tuberculosis and its treatment according to the ayurvedic approach'. I know that it was circulated to all the so-called Ayurvedists and thousands of testimonials had been collected. It was sent to the papers, and it was also published in many magazines; even translations in Hindi, Kannada and Telugu have been published, and so many testimonials had been collected. And I am fully aware of the fact that the hon. Minister also has formed a good idea about that paper. But she will be surprised if I were to declare that it is a worthless article so far as Ayurveda is concerned. I am prepared to prove—and even hundred pages may be written on this subject—that all the facts mentioned in that article are quite contrary to the Ayurvedic views. I shall cite just one or two examples to prove my point.

First of all, tuberculosis is caused by four causes. Out of them one is *vegarodha*, which means suppression of the natural calls namely *mala*, *mootra*, *vaata* Madhukosha clearly states.

"वेगोऽत्र वातमूत्र पुरीषाजो न त वगेविधार
जीयो क्तारी जृम्म दीर्घा सर्वे षाम् ।

But our learned doctor has stated in that article that the causes are thirteen in number, and he has quoted a verse which does not relate to tuberculosis at all. He quotes that *sloka* and says that the causes are thirteen in number, and in the foot-note it has been mentioned:

वातविण्मूत्रजृम्म श्रुक्षवोद्गारवमीन्द्रियै :
क्षुत्तृष्णावातनिद्राणामुदावर्तो विधारणात् ।

This means that as a result of the suppression of these thirteen *udavarta* is caused, which is quite a separate disease, and not tuberculosis. And yet this *sloka* was quoted as an authority to prove that tuberculosis was caused by these thirteen causes.

I shall point out another instance in this regard. According to the learned doctor, lack of *shlaishmic oja* is the main cause of the *rajayakshma*, which is quite contrary to the Ayurvedic views. *Shlaishmic oja* means essence of *kapha*. If *kapha* is increased, then the patient is bound to die. And yet the learned doctor has suggested that the *shlaishmic oja* must be increased in order to get the patient cured. That is quite absurd. If *shlaishmic oja* is increased according to the advice of this learned doctor, then the patient is bound to die.

Then, I would give another instance in regard to the treatment also. The learned doctor has suggested that *samshodhana* treatment is to be given, which means that vomiting and purging should be applied. But, according to Ayurveda:

तस्मात् यत्नेन संरक्षेत् यक्ष्मणः मलरेतसी

This means that the bowels and the semen should not be disturbed at any cost, and attention should be paid to keep them in order or in balance. That is the Ayurvedic view. But the learned doctor suggests that *vamana* and virechana also should be applied, that is, vomiting should be encouraged, and also that purgative medicines should be given. The hon. Minister fully knows that if purgative medicines are given to a tuberculosis patient and vomiting medicines are also given, what the fate of that patient will be.

**The Deputy Minister in the Ministry of Health (Dr. D. S. Raju):** This is all an academic discussion. Let my hon. friend come to the subject proper.

**Shri A. T. Sarma:** I am saying this because I know it fully. Surely, I suppose I have the right to suggest something in this regard.

**Dr. D. S. Raju:** There may be difference of opinion on this matter.

**Shri A. T. Sarma:** According to my view, publication of such article should be prescribed. We are for maintaining and preserving health. We are not expected to suggest anything to destroy the health. If such papers are given publicity and anyone starts practising according to this, then the patient is bound to die, and there is no doubt about it. I would like the Ministry to examine what I have stated and find out whether it is true or not.

Then, I would say a word about *shuddha Ayurveda*. Recently, it was decided that *shuddha Ayurveda* should be encouraged, and some *Shuddha Ayurveda* Committee was formed. We were very hopeful and we anticipate that something good will come out of it.

**Mr. Deputy-Speaker:** The hon. Member should try to conclude now.

**Shri A. T. Sarma:** I request I may be given five minutes more, because I am the only Ayurvedist here, and I may be allowed to give expression to my views.

We anticipated many things from the Health Ministry in regard to Ayurveda. Our Health Minister is also kind enough to listen to us, and she realises that there is need to do something for Ayurveda also. But in practice, she is doing something which is quite contrary to *shuddha Ayurveda*. When the *Shuddha Ayurveda* committee was formed to frame a syllabus, they were instructed not to include any scientific elements at all into it. I wonder what is meant by this type of instruction. It is said that *shuddha Ayurveda* means Ayurveda and nothing else; but Ayurveda may be encouraged and Ayurveda may be enhanced and Ayurveda may be improved through science. Even our Prime Minister has said at the meeting in Ceylon that scientific methods should be applied while this treatment is given. But I do not know how these kinds of instructions were given to that committee. If this kind of thing is done, then, again, next time, the complaint would be made that nothing could be done because the Ayurvedists did not want modern appliances or modern scientific products and so on. I am afraid that that is not encouraging Ayurveda in the way in which it should be done. I would request the Ministry to look into this matter also.

Then, I would say another word about the wastage of public money in the name of Ayurveda.

One instance I will narrate about the Hindu University. There was an Ayurveda course in the Hindu University. Pandit Malaviya had collected lakhs of rupees to maintain the Ayurveda Section there. But the present administration has abolished that Ayurveda Section in the University. (*Interruption*). But now I come to know that our Ministry has rewarded Rs. 3 lakhs to the Hindu University as a result of their abolition of the Ayurveda Section there. I do not know what is the fate of those Rs. 3 lakhs. It has been suggested that an M.D. course should be introduced there. But the entrants are neither well up in Ayurveda—only M.B's and M.Sc's in Natural Science and product of the integrated cause are allowed to take admission in that course—nor they have studied any original books for that course. That course is very meagre of low standard. Only some elements are to be taught. They will be given the degree of M.D., and when these people come out successful as M.D's there will be another problem for us to solve. This is a fact. It is a wastage of public money. There is no doubt about it. Neither the Panel of the Ayurveda Board was consulted nor was the Planning Commission consulted in the matter. And a huge amount was released, I do not know what for. When that University has abolished the Ayurveda Section, why was this money given to that University? If it was intended to introduce it, it might have been established

elsewhere; even in the Tibbia College here it can be introduced. Why was such a huge amount of money given to that University which has no interest in Ayurveda?

There is another instance of wastage of money which I will narrate. That is about the Council of State Boards of Ayurveda. I do not know whether it is a government body or a non-official body. But everybody thinks that it is a government organisation. And I learn that Government is contributing Rs. 5,000 to it. For what purpose? They do not do any constructive work. They simply criticise Ayurveda, to kill Ayurveda. That is their profession. For that also Government is giving a contribution of Rs. 5,000, and supplying all information for the establishment of its paper.

It is my duty to point out these things. It is public money. In these Emergency days even one paisa has to be conserved like a lakh of rupees. But such huge amounts are wasted for nothing, in the name of Ayurveda. So I would like to draw the attention of the Health Ministry to these facts.

In this connection I wish to make a suggestion. So many committees were appointed on Ayurveda and all of them have suggested. I suggest the establishment of a Council on the Indigenous System of Medicine. If a body on the lines of the Indian Medical Council is established for this purpose, I think the whole problem will be solved. Now the Government is entirely dependent on the recommendation of a single man. If such a Council is established, it will be a representative body and it will work satisfactorily. Sir, I am not going to take much more time, but it is my duty to point out these things. If the Government is not prepared to establish such a Council in the near future, Government may appoint a Committee to control such wastage of public money, a Committee consisting of one representative from the Planning Commission, one from Finance, one from the Estimates Committee, and one from the Health Department....

**An Hon. Member:** And one from Parliament.

**Shri A. T. Sarma:** All right, and one Parliament Member. A Committee of five members should be constituted, and such wastages may be controlled by that Committee.

I have taken a lot of time. I have much regard for the Health Ministry. My policy is constructive, not destructive. But I find that the Government's policy is destructive, it is not constructive in any way and thereby appeal to change the same.

I thank you, Sir, for giving me time.

**श्रीमती लक्ष्मीबाई** (विकाराबाद) : उपाध्यक्ष महोदय, हमारे दोनों जो मन्त्री स्वास्थ्य मन्त्रालय में हैं बहुत अच्छे हैं और अनुभवी हैं । उन्होंने बहुत अच्छे काम किये हैं, बहुत अच्छी अच्छी स्कीम्ज उन्होंने चलाई हैं, जिसके लिए मैं उनको धन्यवाद देती हूं । खास तौर पर लेडी हैल्थ मिनिस्टर बहुत तजुर्बेकार हैं और यह विमेन वर्कर्ज को कुछ काम भी दे रही हैं और इसके लिए मैं उनको बधाई देती हूं । दिल्ली में जो बहनें काम कर रही हैं, वे भी बहुत अच्छा काम कर रही हैं ।

जब इस तरह के डिपार्टमेंट्स पर चर्चा होती है तो लेडी मैम्बर्ज को जो आप समय देते हैं, उसके लिए मैं आपको, उपाध्यक्ष महोदय, धन्यवाद देती हूं । लेकिन आपने मुझे जो पांच मिनट दिये हैं, उसमें मैं अपनी बात नहीं कह सकूंगी और मैं आशा करती हूं कि आप मुझे ज्यादा समय देंगे ।

जब हम पापुलेशन के आंकड़े देखते हैं तो पाते हैं कि १९६१ में हमारी पापुलेशन बहुत बढ़ गई थी, कम से कम बीस परसेंट वह बढ़ गई थी । शहरों में तो भाई ज्यादा बीमार पड़ते हैं बहनें कम बीमार पड़ती हैं लेकिन गांवों में बहनें ज्यादा बीमार पड़ती हैं, भाई कम । यह मैं परसेंटेज दे रही हूं । शहरों में तो बहनों के लिए आपने काफी सहूलियतें दे रखी हैं, काफी फैसिलिटीज दे रखी हैं

[श्रीमती लक्ष्मीबाई]

लेकिन गांवों में बहुत कम दी हुई हैं। वहां पर फैसिलिटीज नहीं के बराबर हैं। हैदराबाद वगैरह के चार पांच अस्पतालों को मैंने देखा है और वहां पर अकसर बहनों की संख्या ही बहुत देखी है। वहां पर नर्सिस बहुत कम हैं, लेडी डाक्टर्ज तो मिलती ही नहीं। आजादी मिलने के पश्चात् बहनों में बीमारियां ज्यादा बढ़ गई हैं। इसके कई कारण हैं। खाने को अच्छी चीजें नहीं मिलती हैं और अगर मिलती हैं तो बहुत महंगी मिलती हैं, उनमें मिलावट होती है और पर्दे में रहने की जो प्रथा है, वह भी इसके लिए जिम्मेदार है। पर्दानशीन बहनें घरों से बाहर नहीं जाती हैं, घरों के अन्दर ही रहती हैं। ये सब कारण हैं कि बीमार बहनों की संख्या बढ़ती जा रही है और बच्चे भी साथ साथ बहुत बीमार होते जाते हैं। डाक्टर लिमिटेड हैं, अस्पताल लिमिटेड हैं और वैड्ज भी लिमिटेड होते हैं गांवों में। केरल में तो बहनें सौ परसेंट गांवों में रहती हैं, बच्चे भी वहीं रहते हैं। गांवों की हालत आज यह है कि वहां दवाइयां नहीं मिलती हैं, कम्फर्ट्स नहीं मिलती हैं, खाने को कुछ नहीं मिलता है। मैं एक सुझाव देना चाहती हूं और अगर उसको आप अमल में ला सकें, तो लाने की कोशिश करें। मैं जानती हूं कि आप अच्छा काम कर रही हैं, इसलिए मैं आपको यह सुझाव देना चाहती हूं। गांवों में जो अच्छी अच्छी वैजीटेबल्ज होती हैं, दूध होता है, अण्डे होते हैं, फल होते हैं, वे सब शहरों में आ जाते हैं। वहां पर गरीब लोग रहते हैं और इस वास्ते उनको मजबूर होकर इनको बेच देना पड़ता है। वहां पर इस कारण से बच्चों को दूध नहीं मिलता है, खाने के लिए सब्जियां, अंडे, फल आदि नहीं मिलते हैं। इसके ऊपर किसी तरह की रुकावट लगनी चाहिये। हमने पंचायतें गांवों में खोल रखी हैं। पंचायतों के जरिये हम इस पर रोक लगा सकती हैं। आज भी सरकार एजुकेशन के लिए सबसिडी देते हैं, एडल्ट एजुकेशन के लिए या विमेन एजुकेशन के लिए या नए स्कूल खोलने के लिए। इस तरह के कामों के लिए सरकार कुछ परसेंट रुपया स्टेट्स को देती है, स्टेट्स को हैल्प देती है। रुकावट लगाने के लिए सरकार को चाहिये कि वह कुछ रकम पंचायतों को दें और पंचायत वाले यह देखें कि गरीब लोग जितना कम से कम हो सके इन चीजों को बेचें और अपने खाने के लिए भी कुछ रख लें और उनको इसके लिए सबसिडी मिले। खादी को सरकार सबसिडी दे रही है, फूड में सबसिडी दे रही है, खाद में सबसिडी देती है, इसी तरह से उसको दूध में, फलों में, अंडों आदि में, सब्जियों में सबसिडी देनी चाहिये ताकि अपने खाने के लिए वे इन पदार्थों को रख कर तन्दुरुस्त रह सकें। कुछ परसेंट सबसिडी तो दे ही सकती है। स्वस्थ रहने के लिए हवा, पानी और खाने की जरूरत होती है। इसलिए इन तीनों का अच्छा प्रबन्ध होना चाहिए।

रूरल एरियाज में पानी पीने को नहीं मिलता है और लोगों को दूर दूर के स्थानों से जाकर पानी लाना पड़ता है। मध्य प्रदेश में, राजस्थान में, हैदराबाद में, भोपाल में तथा दूसरे इलाकों में जहां प्रिंसली स्टेट्स हुआ करती थीं वहां के रूलर्ज अपने आराम के लिए तो सब साधन मुहैया कर लिया करते थे लेकिन गांवों की तरफ वे कोई ध्यान नहीं दिया करते थे। गांवों में आज तक भी पीने के पानी का प्रबन्ध नहीं हो पाया है। हैदराबाद की बात मैं आपको बतलाती हूं। हमारे यहां गांवों में बिल्कुल पीने का पानी नहीं होता है और बहनों को दो दो और तीन तीन मील दूर जा कर पानी लाना पड़ता है। आज सवेरे ही पीने के पानी का सवाल यहां उठाया गया था। आपने जवाब दिया था कि आप अपने हिस्से का रुपया तो देते हैं लेकिन स्टेट गवर्नमेंट्स जो उनके हिस्से का रुपया होता है, उसको नहीं जुटाती है। यह अच्छी बात नहीं है। स्टेट्स को चाहिये कि वे इसकी व्यवस्था

अपने बजट में करें । पन्द्रह साल का तजुर्बा होने के बाद, दो प्लान जो खत्म हो चुके हैं और तीसरा जो चल रहा है, उसका तजुर्बा होने के बाद आप इस नतीजे पर पहुंचे हैं कि चूंकि स्टेट बजट्स में इसके लिए कोई प्राविजन नहीं किया जाता है, इसलिए करोड़ों रुपये की रकम वापिस हो जाती है, लैप्स हो जाती है । इसलिए मेरा सुझाव है कि आप स्टेट्स को डायरेक्ट पैसे दीजिये, जो स्टेटस आपके पास आयें, वही स्टेट्स आपकी सहायता ले सकें, ऐसा प्रबन्ध आप कीजिये । प्लान में रुपया रख देने से कोई लाभ नहीं ।

कई काम हैं, जो आज आप कर रहे हैं और जिन के लिए आपकी सराहना की जानी चाहिये । औरतों को आप एजुकेट कर रहे हैं, खाने पीने, रहन सहन आदि के मामले में । बीमारियां फैलने से रोकने के बहुत से कार्यक्रम आपने बनाये हैं । कारखाने भी बन रहे हैं । प्राजैक्ट्स भी बन रही हैं। मलेरिया, कालरा और स्मालपाक्स आदि के उन्मूलन के लिए भी आपने बहुत काम किया है । इन बीमारियों पर आपने अस्सी परसेंट कंट्रोल कर लिया है । इसके लिए मैं आपको धन्यवाद देती हूं । मैं प्रिवेन्शन को अच्छी चीज समझती हूं । प्रिवेंशन के वास्ते जैसे शहरों में महिलायें घर घर जा कर प्रचार करती हैं उसी प्रकार गांवों के लोगों के लिये भी किया जा सकता है । उन के पास बैठ कर इस तरह के लोग उन के दिल को परिवर्तित कर सकते हैं । आज हमारी एजुकेटेड और मिडिल क्लास लेडीज़ को लेकर जिस प्रकार आप ने दिल्ली में एक हास्पिटल डेवेलपमेंट कमेटी बनाई है और उन को १० हजार रुपये देते हैं, हम देखते हैं कि वह बहुत अच्छा काम कर रही हैं, मैं उन बहनों को धन्यवाद देती हूं, उसी प्रकार से वालैंटरी आर्गेनाइजेशन्स को मदद देने से और जगहों पर भी वह अच्छा काम कर सकती हैं । आप ने हैदराबाद में जाकर लेक्चर दिया था कि पुरुष इस काम को अच्छा नहीं कर सकते हैं । इस स्कीम को इम्प्लिमेंट करने के वास्ते अगर स्वास्थ्य मंत्रालय मदद दे तो हमारी बहनें इस काम को बहुत अच्छी तरह से कर सकती हैं । औरतें घर में रहती हैं और उन को जा कर वालेंटरी आर्गेनाइजेशन्स की औरतें बतला सकती हैं कि छोटी छोटी बीमारियों को किस तरह से घर में ही प्रिवेंट किया जाय । अक्सर आप देखते होंगे कि यहां अस्पतालों में हजारों बहनें आती हैं । कभी वहां पर डाक्टर रहता है और कभी नहीं रहता है । आपको ऐसा इन्तजाम करना चाहिये कि छोटे रोगों को गावों के अन्दर ही ठीक किया जा सके और लोगों को दवाखानों को न दौड़ना पड़े । यहां पर औरतें आती हैं और आठ बजे से लेकर बारह बजे तक लाइन बनाये खड़ी रहती हैं, उसके बाद वापस जाती हैं । मैं चाहती हूं कि ऐसा प्रबन्ध किया जाय कि अगर उन के पेट में कुछ दर्द हो जाय या कोई छोटा सा फोड़ा निकल आय तो उन को उस के लिये अस्पताल आने की जरूरत न रहे । इस तरह की चीजें उन को मकानों में ही सिखलाई जा सकती हैं । अगर इस तरह से उन को अस्पताल हर बात के लिये आना पड़ेगा तो चाहे जितना बड़ा अस्पताल हो उन में बेड्स भी पूरी नहीं हो पायेंगी क्योंकि पापुलेशन तो दिन ब दिन बढ़ती ही जाती है । यह जरूरी है कि इस तरफ तवज्जह दी जाये ।

आप लोग तो तजुर्बेकार आदमी हैं । आप को मालूम होगा कि अक्सर गांवों में आज क्या हो रहा है । लोगों में जमीन की भूख बढ़ती जाती है । वहां पर जमीनों को कंट्रोल करना पड़ता है क्योंकि जमीन ज्यादा नहीं होती । वहां पर पब्लिक लैट्रिन्स बनाने पड़ते हैं पास में ही जिस से खास तौर से बस्ती में गन्दी जगहें बन जाती हैं और अक्सर बीमारी फैलने की वजह बन जाती हैं । मंत्री महोदय वार्धा स्कीम को बहुत अच्छी तरह से जानती हैं । वार्धा नामक लैट्रिन्स गावों में बनाने के लिये मदद करनी चाहिये । अगर इस स्कीम को स्पीड के साथ चलाने का प्रयत्न स्वास्थ्य मंत्रालय करे तो इस से बड़ा अच्छा काम हो सकता है ।

[श्रीमती लक्ष्मीबाई]

इस के बाद फैमिली प्लैनिंग की बात मैं बतलाना चाहती हूं। यह स्कीम तो बहुत अच्छी है, पैसे भी ज्यादा खर्च हो रहे हैं, लेकिन इस काम के लिये लेडी डाक्टर्स बहुत ज्यादा नहीं होतीं। हम अभी उन की काफी संख्या प्रोवाइड नहीं कर सके हैं। इसलिये इस पर ध्यान देने की जरूरत है। कहा जाता है कि आज ८० परसेंट फैमिली प्लैनिंग लेडीज के लिये है। पता नहीं बाकी २० परसेंट फैमिली प्लैनिंग पुरुषों के लिये है या नहीं। लेकिन जो कुछ भी औरतों के लिये हो रहा है उस के लिये लेडी डाक्टर्स मौजूद नहीं हैं इस वास्ते इस के लिये कोई अच्छा इन्तजाम किया जाय। यह फैमिली प्लैनिंग उस वक्त तक सफल नहीं होगी जब तक कि लेडी डाक्टर्स काफी संख्या में न हों। आज कल हम यह देख रहे हैं कि फैमिली प्लैनिंग ज्यादातर सिटीज में हो रही है। उस का काम गांवों में ज्यादा होना चाहिये।

रूरल वाटर स्कीम के तहत हम अपनी गांवों की बहनों को पानी देने की सोच रहे हैं। हालांकि आज हेल्थ मिनिस्टर एक लेडी हैं, फिर भी औरतों की बात पर विशेष ध्यान नहीं दिया जाता है। हमारे लिये अच्छे पानी का इन्तजाम किया जाय और हम को अच्छी अच्छी चीजें बतलाने का भी इन्तजाम किया जाय। जब कभी हम लोग महिलाओं की मीटिंग में जाती हैं तो वह कहती हैं कि उन की सुविधाओं का ध्यान रखा जाय। उन का रिप्रेजेन्टेशन यह है कि पब्लिक लैट्रिन्स गांवों के लिये अच्छे होने चाहिये और वह वार्धा किस्म के हों साथ ही ऐसा इन्तजाम होना चाहिये कि खाने पीने की चीजें गांवों से शहरों को कंट्रोल्ड तरीके पर आयें। अगर इस के वास्ते स्वास्थ्य मंत्रालय कोई कानून लायेगा तो मैं उस को सपोर्ट करूंगी।

इन शब्दों के साथ में इस डिमांड को सपोर्ट करती हूं।

**Dr. L. M. Singhvi** (Jodhpur): Mr. Deputy-Speaker, in the few minutes that I propose to take in speaking on the Demands of this Ministry, I shall deal mainly with the Government of India's policy in respect of establishing new medical colleges and expanding existing medical colleges, because I feel that the policy in respect of this matter has suffered from inscrutable and incorrigible inhibitions.

I feel that the Government of India has not been able to give us even an earnest of its efforts in increasing the availability of medical personnel. We have been faced, day in and day out, with the spectacle in this House of highly unsatisfactory answers from the Minister of Health in respect of the availability of medical personnel for our rural areas. We have always witnessed both in this House and outside that there is a tremendous dearth of medical personnel for taking care of the vast problems in the field of health and medical care in this country. I do not see with what effort and in what manner the Government of India propose to launch a drive to meet the demands that the health of this country makes on this Ministry. I personally feel that this Ministry has failed utterly to cope with the problem of supplying the necessary medical personnel for our rural areas, and this is mainly because it has failed to touch on the fundamentals of policy-making in this respect.

I should like, in this context, to cite the bleak confession made in the midterm appraisal of the Third Plan, wherein it is said that the population-doctor ratio which remained at 6,000 to 1 over the decade 1951—61 is not likely to improve during the Third Plan unless other measures are taken. Now, it is clear that this is a confession to the effect that the situation during the Third Plan period is going to remain just what it was during the last decade. This is a case of stagna-

tion, admitted stagnation at that. It seems the Ministry has been divided between considerations of whether to establish new colleges or not to establish them, and the one defence which I have often found in the pronouncements of the Union Health Minister in respect of not establishing new medical colleges is that there is a dearth of teaching personnel. I think that to a certain extent this is a matter which is being exaggerated. I also feel that in certain specific cases no proper assessment is really being made and the opportunities for establishing new medical colleges are almost shut out without a proper, detailed assessment of the availability of medical personnel. I should like the Minister to go somewhat beyond this blanket plea advanced in every official document that it is because of the non-availability of teaching personnel that new medical colleges are not being established in this country.

Of course, it is clear from the report presented to this House that new medical colleges are being established —it is not that no new medical colleges are being established. But it appears that they are established only either in response to political pressure in the State or when Chief Minister here or a Chief Minister there insists that there has to be a medical college in some particular area. I would like the Health Minister to explain to this House how it is that in spite of the requirements prescribed by the Medical Council, a college came to be established in Udaipur on the basis of, what the Ministry claims to be, insufficient teaching personnel, and how it is that other medical colleges are being established in spite of the state insufficiency of teaching personnel. It seems that such inconsistency in the conduct of the Government of India raises legitimate suspicions in our minds and these suspicions are supported by what we read and what we find in the general tenor of our public life. It seems that the Union Health Ministry is willing to be prevailed upon by a strong Chief Minister but is not willing to consider these matters on merits.

It is true that the Health Ministry may very well say that these are matters which are entirely within the jurisdiction of the respective States of the Indian Union. This is an evasive plea of defence which does not avail it at all because in each and every case, as a matter of fact, the Ministry is able to play a very important and a very effective part in the process of decision taking.

I should like to cite before you this statement across which we come in the Ministry's Report for this year:

> "During the year the establishment of four private medical colleges, namely, the Stephen Medical College, Bangalore, and the Medical colleges at Belgaum, Gulbarga and Sholapur, was agreed to by the State Governments in addition to the already existing similar colleges at Manipal, Warangal, Jamshedpur, Aleppy and Kakinada".

I should like to know as to whether the State Governments do actually consult the Union Health Ministry? If they do, what is the nature and extent of this consultation, and whether it is not a fact that in the ultimate analysis it is the wish of the Union Health Ministry which does prevail.

I have a grouse against the Union Health Ministry for furnishing to this House answers which are either evasive or incorrect. I shall cite in this connection two questions, Question No. 1934 of 19th December, and Question No. 247 of 28th November. It was said in reply to Question No. 1934 that no formal proposal or scheme for setting up a medical college or colleges in Rajasthan had been received from the Government of Rajasthan. Now, I have it officially from the Government of Rajasthan that this is not a correct statement. I hope that the Minister

[Dr. L. M. Singhvi]

will look into her file properly before giving an answer to this House, and will be able to say whether it is a fact that no formal proposal has actually been made, or whether it is only a lapse on the part of the Union Ministry of Health here.

I do not want to raise this question here merely as regional question, because this question concerns the whole country, this question concerns the health of the nation, and it is a question which I think has been given the go by under this blanket defence plea that because there are not enough teaching personnel, we cannot do very much about it. I hope the whole matter will be reviewed, and the Minister will not insist on approaching this matter with a closed mind.

Before I close, I should like to say that the facade of general principles which is invoked in defence of not establishing new medical colleges and expanding only some existing medical colleges does not carry conviction with us, particularly in view of the fact that, after all, even expansion of existing medical colleges imposes considerable strain on the existing resources of the medical colleges and the teaching personnel in those colleges. It does not stand to reason therefore that no new medical college should be established, or that a moratorium should be proclaimed by the Health Minister on the establishment of new medical colleges during the remaining period of the Third Plan. I hope the Minister would be prepared to approach this matter in an open-minded spirit, and would be able to give us a clear explanation and clear delineation of what she proposes to do about the paucity of medical personnel in this country, and how she proposes to establish more medical colleges in the remaining period of the Third Plan.

**Mr. Deputy-Speaker:** Shrimati Savitri Nigam.

**श्री बाल्मीकी** (खुरजा) : उपाध्यक्ष महोदय, क्या आज केवल नरियों को ही समय दिया जाएगा।

**Shrimati Savitri Nigam** (Banda): I would like to say at the very outset that the Report of the Health Ministry gives us quite a good description and view of the very useful things done in the country. The tone of this Report is very humble, and while no tall claims have been made, there is a note of determination for the fulfilment of the future programme with effectiveness. The Ministry deserves our congratulations.

I would like to raise the question of the water scarcity areas, because I come from an area which has got water scarcity. It is a very burning problem, and I am very sorry that in spite of the various promises made, the progress in this direction is not satisfactory. During the dry summer, death, disease and misery dominate the areas where there is water scarcity. I would appeal to the hon. Minister to tackle the question of rural water supply on a war footing. I am glad that the problem of co-ordination is being tackled by the Ministry, but co-ordination cannot be very useful and effective unless some important steps are taken.

The first and most important step would be disbursement of the grants by one single Ministry. The second very important thing would be to deal with the cases of the areas where water scarcity has been declared with special concession and consideration. The third important thing, if this programme is to be made successful, is that the training programme of the public health engineers should be expanded very quickly, and all the States should be asked to take up this programme of training of public health engineers. I know about my own State. They are very keen that the rural water supply schemes should be implemented, but because no technical advice is available, many schemes are

postponed and delayed. If a mobile team of public health engineers could be formed by the Health Ministry, it could be sent to the scarcity areas, and very good progress could be made.

It is also very important that Rural Water Supply Boards should also be constituted at the State level, and if possible, specially for those areas where there is acute shortage of water.

Another important thing which I think the hon. Minister should take up is to ask all the States immediately to notify areas which have water scarcity, so that it may become easy for the Central Government and the various Ministries as well as the State Governments to decide the priorities.

The condition of the rural dispensaries is also very pathetic. I know that the hon. Minister would say that this is a State subject, but I think we cannot overlook this question. If there is a doctor, there are no medicines; if there are medicines, there is no doctor. I am surprised why only Rs. 300 or Rs. 400 only is given to a rural dispensary which caters to 5,000 or 10,000 people. When I write to the State Government, I always get the reply that there is scarcity of funds. We know that the common people think that a thing is useless if they get it free. In view of this, and the scarcity of funds, I am surprised why Government is not thinking of charging five naye paise per prescription. I am sure it is such a small sum that everybody would be willing to pay it. If there is one or two per cent of the people who cannot pay it, the doctors can make a note of it. But each one of us should support this idea and the hon. Minister should change the rule and do away with the distribution of free medicine. It will give good results and also bring in a little more of funds to the dispensaries, so that it will be easy for the Government to supply good medicines and in large quantities.

I am very happy to say that the condition in the CHS dispensaries has now improved, but I would suggest that they should trust their doctors a little more. Most of the time the required medicine is out of stock, and it takes two or three days to get it. When I asked why such strict rules were there, I was told that it was to prevent pilferage. I would submit that the doctors are so noble and dignified that they would never like to indulge in pilferage of these petty, little medicines. They should be trusted, and sufficient stocks should be there in the dispensaries, so that the patients may get the medicines in time.

The present buildings in which these dispensaries are housed are not spacious enough to cope with the large number of patients who come. When new buildings are constructed, adequate space should be provided.

I am very happy that now the nutrition programme is gaining a little impetus. In fact, it is the most important programme. My only grudge is that it should be given a little more of funds.

I would like to take a few minutes more, because I have not spoken on any other Demands.

**Mr. Deputy-Speaker:** Two minutes.

**Shri D. C. Sharma** (Gurdaspur): She is making very good points.

**Shrimati Savitri Nigam:** The smallpox eradication programme has been very good and effective, but I would submit that in the areas where it takes an epidemic form, more care should be taken this time at outbreak of the season to see that the inoculation programme is started. If, in this smallpox eradication programme, the co-operation of social organisations, social workers and voluntary institutions is taken, I am sure the results would be much more encouraging.

[Shrimati Savitri Nigam]

I was surprised to hear the speech of hon. Member, Dr. L. M. Singhvi. We are very happy that a very large number of medical colleges have been opened; if it is done with the same speed, I am afraid that in a few days we will be having unemployment among doctors also. More attention should be paid to the higher medical education. It is a pity that our young men have still to go to foreign countries to get FRCS and other degrees. This sort of mushroom growth of medical colleges should be controlled and stopped. I am sorry; I will take two minutes more.

**15 hrs.**

**Mr. Deputy-Speaker:** I am also sorry; I have to ask the hon. Member to conclude soon.

**Shrimati Savitri Nigam:** I have not been able to say even one-fourth of the very important points. Both the hon. Minister and the Deputy Minister are experts in the allopathic system and it becomes obligatory on their part and professional etiquette and decency also require that they should prove by their actions that they have got really a soft corner for ayurveda and homoeopathy. Great injustice has been done to homoeopathy. In the previous budget the provision was about Rs. 12 lakhs but it has now been reduced to Rs. 3 lakhs in the present Budget. There are sixty lakhs of registered and qualified homoeopaths, but very few hospitals and very few dispensaries have been opened. An ayurvedic dispensary was opened here. What is the position today? In spite of the fact that it is in one corner of Delhi, people come from 10—12 miles to that dispensary. The attendance has increased there; it stands at 197. I would request the hon. Minister to open at least 7 or 8 regional laboratories for ayurveda so that research work may be done. She is herself a doctor and she can read the pulse of the people much better than anybody else and I request that the demand of the People that ayurveda and homoeopathy should be given their proper place, be fulfilled.

**श्री भू० ना० मंडल** (सहरसा) : उपाध्यक्ष महोदय, हमारे भारतवर्ष में क़रीब क़रीब ४५ लाख लोग हर साल मरते हैं। हमारे यहां मरने वालों का औसत दस परसेंट होता है जबकि यूरोप के देशों में यह औसत आधा होता है अर्थात् वहां मृत्युओं का औसत ५ परसेंट ही होता है। अब अपने देश में यह ४५ लाख लोग जोकि हर साल मरते हैं उन में से आधी मृत्युएं होने से रोकी जा सकती हैं। मृत्युओं की संख्या घटा कर आधी की जा जा सकती है। यह हमारे लिए लज्जा की ही बात है कि १७ साल की आज़ादी के बाद भी हम अकाल व असमय मृत्युओं की इस बड़ी तादाद को कम नहीं कर सके हैं। हमारे मृतकों में क़रीब आधे आदमी बेकार में मर जाते हैं। इसका असली कारण मुझे यह मालूम पड़ता है कि आज देश की जो आर्थिक स्थिति है वह १७ साल में भी इस ढंग की नहीं हो पायी है कि जो बेकार मृत्युएं होती हैं उन से हम अपने देश को बचा सकें। इसलिए मैं चाहता हूं कि यह सरकार इस ढंग का प्रबंध करे कि जो देश के साधारण तबक़े के लोग हैं, जो ग़रीब लोग हैं, उन का जो पौष्टिक-भोजन-स्तर है उसको ऊंचा उठाया जाय। मैंने देखा है कि अकाल के ज़माने में जो आदमी मरते हैं उनमें ख़ास कर वह आदमी मरते हैं जोकि नीचे के तबक़े के आदमी होते हैं, ख़ास कर हरिजन और आदिवासी होते हैं, इस तरह के लोग ही साधारणतः उसमें मरा करते हैं।

जब मैं एम० एल० ए० था तो उस समय मुझे अपनी कांस्टीटुएंसी में एक बार जाने का मौक़ा मिला था। वहां पर अकाल की स्थिति थी। वहां आठ बजे रात के क़रीब मैं ने देखा कि एक घर में भी चिराग़ नहीं जल रहा था। उन्होंने हम से कहा कि यह हम

लोगों के खाने पीने की बेला है, आप को विश्वास नहीं होगा कि हम लोगों के घर में अन्न के अभाव में चूल्हा नहीं जलता है। उन्होंने यह विश्वास दिलाने के लिए कि वे जो कह रहे हैं सच कह रहे हैं उन्होंने कितने ही घरों में ले जा कर चूल्हे के अन्दर हमारा हाथ दिलवाया ताकि अगर यह सोचा जाय कि उन्होंने पहले से खाना बना कर अब चूल्हा बुझा दिया है तो उस हालत में चूल्हे मे कुछ तो गर्मी रहनी ही चाहिए। लेकिन हम ने पाया कि वे चूल्हे बिल-कुल ठंडे पड़े थे और उनका यह फरियाद करना कि उनके घर चूल्हा नहीं जला था ठीक थी। इसलिए अगर आप इन मृत्युओं की संख्या घटाना चाहते हैं अगर आप समझते हैं कि यह राज्यों की जिम्मेदारी है कि बेकार में आदमी न मरें तो सब से पहले हिन्दुस्तान में न्यूट्रेशनल लेविल क़ायम करने का इंतजाम होना चाहिए लेकिन वैसा इंतजाम अभी तक हो नहीं पाया है।

दूसरी बात जिसकी ओर हमें ध्यान देना चाहिए वह है होम्योपैथिक, आयुर्वेदिक और यूनानी चिकित्सा पद्धतियों को प्रोत्साहन देना। हिन्दुस्तान में जिस ढंग का शासन चल रहा है उस शासन में फिजूलखर्ची भी बहुत होती है। उस फिजूलखर्ची के पीछे एक विदेशी दिमाग़ हमारे देश के शासन के ऊपर प्रभाव डालता रहता है। इस दिमाग़ की बदौलत बहुत सी खुराफात इस देश में होती रहती हैं। आप जानते ही हैं कि हम लोग भाषा के बारे में बराबर लड़ते रहते हैं और हमेशा इस बात पर जोर देते रहते हैं कि इस देश का शासन कार्य यहां की राष्ट्रभाषा में ही चलाया जाय लेकिन वह सिर्फ भाषा की ही बात नहीं है। वह उस दिमाग़ की भी उपज है जिस उपज की वजह से जो अवास्तविक चीज है उस अवास्तविक चीज को क़ायम करने और लादे रहने की कोशिश जैसी बात है। अब कौन नहीं जानता कि ऐलोपैथी का सिस्टम कितना खर्चीला है। जो आज बजट में ऐलोकेशन हुआ है और आज तक जो खर्चा हुआ है उस को देख कर आप समझ सकते हैं कि अगर कहीं इस देश में होम्योपैथिक पद्धति चल गई होती तो इतना खर्च नहीं हुआ होता। करीब करीब ८ करोड़ आदमी अभी भी होम्योपैथिक सिस्टम से अपना इलाज करवाते हैं। उस के डाक्टर्स भी काफ़ी हैं। इस ओर सरकार का ध्यान पहले भी दिलाया जा चुका है और गवर्नमेंट ने बारबार इस बात के लिए आश्वासन भी दिया है फिर भी गवर्नमेंट की ओर से अभी तक इसके लिए कोई कार्यवाही ऐसी नहीं हुई है जिससे यह मालूम पड़े कि यह गवर्नमेंट दिल से चाहती है कि होम्योपैथिक की उन्नति हो या आयुर्वेद की उन्नति हो।

एक स्कीम बनाई गयी कि एक युनिफ़ाइड ट्रीटमेंट का तरीक़ा प्रचारित किया जाय। उसका मतलब यह था कि जितनी भी चिकित्सा पद्धतियां मौजूद हैं उन सब को मिला कर के एक ऐसी अच्छी युनिफ़ाइड चिकित्सा पद्धति निकाली जाये जिस में सब सिस्टम्स की अच्छाइयां शामिल हों। लेकिन हिन्दुस्तान के बड़े लोग जिनमें कि बड़े बड़े डाक्टर्स भी आते हैं, चूंकि इन लोगों का शासन पर प्रभाव रहता है इसलिए इस देश में कोई कम खर्चीली चिकित्सा पद्धति जिस से कि जनसाधारण को फ़ायदा हो सकता है, उसको अपनाया जाना नहीं चाहते हैं। उस ढंग की कोई बड़ी और सही बात यह बड़े बड़े डाक्टर्स नहीं होने देते हैं। ऐलोपैथी की खर्चीली चिकित्सा पद्धति चलाने में उनका निहित स्वार्थ कायम हो गया है। वे अपने असर का इस तरीक़े पर बेजा इस्तेमाल करते हैं। जनता को जो असली राहत सस्ते इलाज से मिल सकती है वह उसे नहीं मिलने देते हैं।

उसी तरह आप देखेंगे कि स्वास्थ्य मंत्रालय पर जो रिपोर्ट दी गई है, उस रिपोर्ट में जो प्राइमरी सेंटर कायम करने की बात है और प्राइमरी सेंटर का जो टार्गेट थर्ड फाईव इयर प्लान में रखा गया है उसका बहुत कम हिस्सा अभी तक पूरा हो पाया है। यू० पी०

[श्री भू० ना० मंडल]

के संबंध में हमने देखा है कि उसमें ९८ या कोई इस तरह की फीगर है जोकि थर्ड फाइव इयर प्लान में पूरा होनी चाहिए, लेकिन उसमें सिर्फ १ हो पाया है। कहने का मतलब यह है कि ग़रीबों के लिए जो कुछ होना चाहिए था इस शासन द्वारा बरती जाने वाली नीति के कारण वह अमल में नहीं आता है। इस ढंग की कार्यवाही सरकार की चल रही है।

इसी तरह से मैं बतलाऊं कि दिल्ली के नजदीक महरौली में एक टी० बी० का अस्पताल है। उस अस्पताल के जो सुपरिन-टेंडेंट हैं, जो डाक्टर्स हैं उनकी धांधली वहां पर आज कितने ही दिनों से चल रही है। मैंने इस ओर पहले भी सरकार का ध्यान खींचा था लेकिन बेकार रहा। वहां की ख़राब हालत की तरफ आख़िर सरकार क्यों ध्यान नहीं देती है और उसको दुरुस्त करने के लिए कोई क़दम क्यों नहीं उठाती है मेरी समझ में नहीं आता है। वहां के कर्मचारी और वहां के सभी लोग ऊबे हुए हैं। चार बार कम्प्लेंट्स होती है, मीटिंग्स होती हैं, पर्चे आदि भी विरोध में बांटे जाते हैं, सरकार को उसके बारे में ख़त भी लिखे जाते हैं, तो भी उस ओर सरकार का ध्यान नहीं जाता है। समझ में नहीं आता कि आख़िर इसका कारण क्या है? वहां पर साधारण तौर से अस्पताल से दवाओं की चोरी होती है, दवाइयों की चोरी करते हुए रंगे हाथ पकड़ा गया। पुलिस ने उस बारे में इनक्वायरी भी शुरू की लेकिन वहां के अस्पताल अधिकारी ने यह कहा कि चोरी नहीं हुई है। इस बात की ख़बर मिनिस्टरी में भी आई कि किस तरीक़े से उस चोरी के मामले को दबा दिया गया लेकिन मिनिस्टरी की तरफ़ से कोई कार्यवाही नहीं हुई ताकि इसके लिये जो डाक्टर जिम्मेदार है उस पर कोई कार्यवाही चल सके और वह वहां से हटाया जा सके।

**Dr. Ranen Sen:** Sir, I just want to underline a few points that have been raised by many of the hon. Members here. The first thing that I want to say is this. In the report it is stated that health is a matter which comes in the concurrent list, but that the Central Government has certain jurisdiction and a certain function in this respect. It is stated that the Central Government's function in matters falling in the State list is to determine the broad policies and broad planning, etc. Here, I want to mention that what is happening today in the field of health is that the Union Government, the Central Ministry of Health, is not taking enough interest in looking into the affairs properly.

I want to mention one instance. In regard to the control of cholera, it is stated in the report—and it has been stated by the hon. Minister in this House more than once—that in India the city of Howrah is considered to be the focal point for the spreading of cholera in the eastern part of India at least. It is very unfortunate that even today the cities of Calcutta and Howrah and similar cities remain endemic areas of cholera and other water-borne diseases as a whole, and neither the State Government nor the Central Government has taken any proper action to free those parts of India, which are also thickly populated, from cholera and other diseases. I know it will be stated that this is a State subject, but here, I say that if planning, check-up, co-ordination in matters of health is lacking, naturally the health of the nation will suffer in this part of India.

Many hon. Members have raised the question of the scarcity of drinking water. I want to mention about water pollution. In the industrial suburbs,—not only in West Bengal, but I have seen in Madras and other States also—there is a regular water pollution, and as a result of that, the health suffers in these parts of the

country. Big industrial centres are cropping up in our country, and there is no proper sewage system. Again, the Union Minister will say that it is the function of the State Governments. Here again, I will say that it is the Central Government's responsibility to see that proper steps are taken in this respect by the States.

In the report it is stated—the name of the State Government is not mentioned—that in one State Government at least, the money ear-marked for medical and health affairs had been spent for other matters and other items. If this happens, then it shows a lack of proper vigilance on the part of the Central Government. Merely developing Delhi and improving the city would not do. We will have to look after other parts of India as well.

I want to say in this connection that proper attention is not being given to other parts of India. There is a complaint from the School of Tropical Medicine in Calcutta, which is a very old institution. The Central Government previously used to pay the salaries and allowances for three professors in this institution, and now that has been discontinued. This is one of the oldest institutions where a very large number of people have been doing original research work for a pretty long time. The discontinuance of the salaries and allowances is a very unfortunate thing. I would like to invite the attention of the hon. Minister to this aspect.

The next point I want to make and to which I would like to invite the attention of the hon. Minister is with regard to the Central Health Scheme for the Central Government employees in Madras and Calcutta. There is mention in the report that this system has been introduced in Bombay. Why is there delay in introducing this system in Madras and Calcutta? The sooner it is introduced, the better. As I have said, the hospital conditions in these parts of the country, are very bad; there is overcrowding; there is lack of facilities for treatment also, because of many other factors. Therefore, the Government should take proper action to see that the Central Government Health Scheme for the Central Government employees is introduced very soon in the cities of Madras and Calcutta.

The last point that I want to make is about the Calcutta Metropolitan Planning Organisation. In the report of the Ministry, it has been stated that planning and related things are under the jurisdiction of the Indian Health Ministry; the town planning also. The Delhi Development Authority is under the Health Ministry. It is well and good. It is also a fact that the Central Government is providing some money to the Calcutta Metropolitan Organisation. But what has been the result? It is for the Central Government to sit up and think. I was a member of the Legislative Assembly in these days, when Dr. B.C. Roy mooted the idea. Since then, save and except preparing certain reports, spending lakhs and lakhs of rupees, and spending valuable foreign exchange, spending the contribution that we get from outside, what else has been done? Only a few reports have been prepared. As regards water supply, sewage, transport and other health matters, everything goes by default. I draw the attention of the Union Health Ministry to see that something is done in this respect also.

Recently, the whole thing became such a scandal that the Director of the CMPO—the Calcutta Metropolitan Planning Organisation—has been removed and somebody else has stepped into his shoes. There are very many big plans: overhead railways, circular railways, sewage and all sorts of things. But the minimum essential and necessary thing was not looked into by that planning organisation, and nothing has been done in this respect.

[Dr. Ranen Sen]

Therefore, I want to draw the attention of the Union Health Ministry to this, and I want a reply in this respect as to what is the actual plan and how the Central Government—the Health Ministry—is co-ordinating that plan and helping that plan and seeing that these things are attended to and done in the proper way.

With these few words, I close.

**Shri Bakar Ali Mirza** (Warrangal): Sir, may I put a question? Is the hon. Minister aware that the medical college at Warrangal is on the verge of being shut down and as many as 600 students are likely to be thrown in the street, just because the *ad hoc* grant of Rs. 5 lakhs which the Ministry used to give is threatened to be stopped without any notice? Besides that, the Health Ministry, during the emergency, wrote to the college to make facilities for admission and offered certain amounts—Rs. 15,000 non-recurring and Rs. 2,000 recurring—and no condition was laid down at that time, and the students had been admitted. Now, even that amount is, I understand, being stopped. Other institutions have got help from the University Grants Commission; the technical education has got some facilities; so, why should we not transfer this medical education to the university? I hope she will reply to this point when she replies to the debate.

**श्री बाल्मीकी** : उपाध्यक्ष महोदय, चूंकि आप ने माननीय सदस्य को अवसर दिया है, इसलिए एक मिनट मैं भी चाहूंगा ।

मैं कुछ ज्यादा नहीं कहना चाहता । मेरी बड़ी इच्छा थी कि मैं इस मंत्रालय की मांगों पर बोलूं, लेकिन मुझे अवसर नहीं मिला । मैं थोड़ी सी बात कह कर समाप्त करूंगा ।

जहां तक मेडिकल कालेजिज में दाखले का सम्बंध है, सारे देश में हरिजनों और कमजोर वर्गों के विद्यार्थियों को नं के बराबर दाखिल किया जाता है । माननीय मंत्रिणी जी बापू के साथ रही हैं । वह हमारे दिलो-दिमाग और दर्द को समझती हैं । हम यह जानना चाहते हैं कि इस बारे में उन्होंने अभी तक क्या मदद की है और आगे क्या करने जा रही हैं ।

जहां तक अस्पतालों और विशेषकर म्युनिसिपैलिटीज के चतुर्थ श्रेणी के कर्मचारियों का सम्बंध है उनके साथ अत्याचार होता है । माननीय मंत्राणी जी उनकी बातों को समझती हैं और इसलिए मुझे आशा है कि वह उनके दुख-दर्द को दूर करने का यत्न करेंगी । वैलिंगडन हास्पिटल के सामने हमारे एक भाई, श्री समयसिंह बाल्मीकी, ने भूख हड़ताल की है । कारण कुछ भी हो, लेकिन उसके पीछे जो पक्ष है, उसको समझने और उन लोगों के कष्टों को दूर करने की आवश्यकता है । डाक्टर, मंत्री और भंगी का गहरा सम्बंध है । इसलिए मैं माननीय मंत्रिणी जी, वैलिंगडन हास्पिटल के अधिकारियों और दूसरे अधिकारियों का ध्यान इस तरफ आकर्षित करना चाहता हूं और जानना चाहता हूं कि उन लोगों की कठिनाइयों को दूर करने के लिए क्या कदम उठाए जा रहे हैं ।

जनपथ होटल और दूसरे होस्टल्ज से कुछ लोग रिट्रेंच हो रहे हैं । यह बड़ी प्रसन्नता की बात है कि मंत्रालय की ओर से स्वनामधन्य पं० पन्त जी के नाम पर एक हास्पिटल खोला जा रहा है । मैं आशा करता हूं कि जो लोग अलग किये जा रहे हैं, उनको वहां पर अवसर दिया जायेगा और वे लोग वहां पर रखे जायेंगे ।

मैं यह भी आशा करता हूं कि माननीय मंत्राणी जी स्वास्थ्य समस्या और आयुर्वेदिक पद्धति की तरफ भी विशेष ध्यान देंगी ।

**Shrimati Yyotsna Chanda** (Cachar): May I know from the Minister of Health what has happened to the Silchar Medical College? The Assam Government was committed that it would be established in the second Plan. The second Plan has already gone and the third Plan is going. May I request the Minister to enquire about its fate?

**15.20 hrs.**

[SHRI KHADILKAR *in the Chair*]

**The Minister of Health (Dr. Sushila Nayar)**: Sir, I am grateful to this House for the keen interest hon. Members have taken in the work of the Health Ministry for the kind compliments that they have paid from both sides of the House and also for some very valuable suggestions which have emerged in the course of the discussion.

With your permission, I would first take up the two or three questions that have been asked just now. First of all, I wish to tell Mr. Balmiki that instead of asking these questions here he should go and talk to those fellows who are being most unreasonable. There is a hunger strike in front of the Wellingdon Hospital. What is it due to? An employee is changed from one floor to another floor. But he refuses to move, protests against it and goes on hunger-strike. The administration, the discipine, the cleanliness and the services in the hospitals are going to ruin because of this type of attitude on the part of those employees whose cause Shri Balmiki was pleading for. He should go and talk to them. Hospitals are places where the sick and suffering should be taken care of. Last night I went to the Wellingdon hospital and the doctors told me that they have to give the bed-pans to the patients themselves, "because the sweepers do not listen to us; they do not obey orders. We do not want to scold them and get into trouble with industrial disputes and that kind of thing." It is an amazing state of affairs. Shri Balmiki is a responsible gentleman, representing lakhs of people, does not understand the problem. He does not try to tell them that they are in the wrong, but he comes and makes a speech here.

**श्री बाल्मीकी** : हिन्दी में कह दें तो अच्छा होगा ।

**Dr. Sushila Nayar:** He understands English perfectly well. About admission of scheduled castes and scheduled tribes to medical colleges, they are given a definite proportion of seats. The Constitution has guaranteed it to them. But if they do not even come up to the minimum marks that have been prescribed by the universities, i.e. 45 per cent, how can they be admitted to the medical colleges? We are going out of our way and admitting these boys and girls, because we feel that they need help. Our teachers in the medical colleges are taking special tutorial classes to bring them up to the level of the other students. So, Shri Balmiki who knows these things better, who is expected to speak with a full sense of responsibility, should not make these statements that scheduled castes and scheduled tribes have not been admitted in the medical colleges. It is absolutely wrong. It is my hope that Shri Balmiki will try to pull his weight with the sweepers in different hospitals and see that discipline is maintained, that cleanliness is observed, that proper services are given to the patients and also to see that they do not go and ask for 4 annas or 6 annas from each patient for giving a bed-pan. This is a disgraceful state of affairs. I have gone to the Medical Superintendents and taken them to task as to why such things happen in their hospitals. They have turned round and said, "We can take action against them, but...

श्री बाल्मीकी : मैं यह कह देना चाहता हूं । यह कहा गया है कि छः आने और आठ आने स्वीपर लेते हैं । सारे कर्मचारी ले सकते हैं । इसका सारा कसूर स्वीपर्ज पर ही थोपा जाए, इसको मैं बिल्कुल मानने के लिए तैयार नहीं हूं ।

**Mr. Chairman:** He should resume his seat.

**Dr. Sushila Nayar:** I wish to submit that these unions have forgotten that they are in the hospitals to render service to the sick people. Taking the medical profession from one end to the other, from Class IV employees right up to the doctors, they have to take their work in the spirit of a mission and not merely as a means of earning a livelihood. They must realise that whether it is day or might, whatever the time, whatever the place, they are called upon to render humanitarian service, which must be kept in the forefront. An hon. Member was talking about the need for a spirit of compassion, spirit of sympathy and understanding in these places. I wish to say that the unions have brought the spirit of trade unionism, instead of a spirit of missionary zeal in these hospitals and institutions. I would beg of Shri Balmiki to pull all his weight in favour of improving the discipline and the services in the hospitals through these gentlemen with whom I have every sympathy. But I must say that my sympathy first goes to the sick and suffering in the hospitals and then only to anybody else.

About the Silchar Medical College, according to the information with me, it has been started sometime back. The students were admitted in the initial stages in one of the other colleges in Assam and they were going ahead with the building, etc. I am afraid I do not know the progress made about the buildings, etc., but I hope it is making good progress

Regarding the Calcutta Metropolitan Planning Organisation, it is doing magnificent work. They have no doubt had to frame some schemes. It was necessary for them to formulate those schemes, because it has to be understood that unless and until schemes are formulated, it is not possible to plan the town or the services of the town in a rational manner. We have had a strange kind of phenomenon, which in some ways has happened in other countries as well, at certain stages of their development. A lot of rural population is moving into the cities. Urbanisation is going on and a haphazard growth of our towns is taking place, with the result that the community services suffer. We have the example of Delhi in front of us where there is a hue and cry regarding water every summer. The hon. Member, Shri Yashpal Singh, has to hire a taxi, he says, to go for a bath to the railway station. He knows that it is not a fact that he has stated and he knows that nobody believes it to be a fact.

**Shri Yashpal Singh:** It is a fact; you can personally see.

**Shri Harish Chandra Mathur** (Jalore): Order has to be maintained, Sir. Such things should not be said about Members.

**Dr. L. M. Singhvi:** On a point of order, Sir. This is unfair. The Minister is using her privilege to deny the veracity of an hon. Member of this House. It is a question of propriety and procedure.

श्री यशपाल सिंह : आप खुद किसी दिन चल कर देख लीजिये ।

**Mr. Chairman:** May I point out to the Minister that on the floor of the House if a statement has been made, if it is not taken seriously and if it is challenged in the language in which it is challenged, it will bring down the dignity of the House. Either it must be contradicted positively and

the Member should be challenged, and if the facts are true, the Minister must be prepared to face the facts. But this type of countering the argument is not fair to the House nor is it in keeping with the dignity of the House.

**Dr. Sushila Nayar:** Well, Sir, the hon. Member himself smiled, joked and laughed inside the House and outside the House. Many other hon. Members also had to say something about it. It is obvious that nobody goes for a bath to the railway station. He might have been there in some other connection. Anyway, Sir, I am not interested whether he went to the railway station or not. I am bringing out.... (*Interruptions*).

**Shri Gauri Shankar Kakkar:** Sir, I rise to a point of order.

**Mr. Chairman:** The hon. Minister may resume her seat. Let us hear the point of order.

**Shri Gauri Shankar Kakkar:** Sir, my submission is, if the hon. Member, Shri Yashpal Singh, has asserted that he had to go to the railway station to take bath, that is quite sufficient. He himself has done it and he himself has asserted it. And, in spite of your ruling, Sir, on the point, the hon. Minister is still insisting on saying the same thing which she should not have said. I submit that her remarks where she said that it is an incorrect version given by Shri Yashpal Singh should be expunged from the proceedings.

**Mr. Chairman:** As I have already stated, perhaps the hon. Member might have exaggerated the point, but the way in which the argument was countered by the hon. Minister is not in keeping with the dignity of the House. Therefore, I would request the hon. Minister to confine her remarks to other points raised by hon. Members.

**Dr. Sushila Nayar:** I have no wish to prolong the discussion on this subject. All that I am trying to say is that Delhi is an instance in point where the population has increased so rapidly that all the services like water supply, electricity, sewerage etc., have fallen short of the needs of the city. Similarly, in all other towns which are growing these problems are coming up. This shows the need for some kind of a rational planning and preparing master plans for the cities and towns. For this purpose a Central Ministry of Health has this central organisation for country and town planning which is helping the State Governments. Hundred per cent assistance is being given to the State Governments to make master plans of a number of important towns and cities and resources areas like Ranchi and Rourkela. Thus, 74 towns are being planned in this manner.

One of the most important plans, Sir, is this plan for the Calcutta metropolitan area. The Calcutta Metropolitan Authority have prepared this plan and this plan is to be published by the month of June, I think, at the latest, to invite any objections, in the meantime an interim plan will be in force. The final plan will be prepared after the objections have been received. But the C.M.P O. have not been only planning. Besides this plan there are certain projects which they have taken up for execution and which are being executed. Among them are: (i) Dum Dum-Calcutta Express Highway—60 per cent of this highway has been completed; (ii) Greater Calcutta drainage schemes—five schemes in this connection have been taken up and are being implemented; (iii) Greater Calcutta water supply scheme—they have started the execution of some schemes in this connection, and, I might mention chlorination of the unfiltered water supply is one of the schemes which has proved very useful from the point of view of controlling some infectious diseases etc.; (iv) the gas grid for Calcutta—they have taken up this scheme; and (v) the Calcutta Maniktola housing scheme—this is being undertaken under the Centrally spon-

[Dr. Sushila Nayar]

sored housing and slum clearance scheme. All these schemes which are part of the metropolitan plan may not necessarily be implemented by the Calcutta Metropolitian Authority. There are a number of agencies which are to be brought into play in this respect, and they are functioning.

The whole idea of a master plan is that you lay down how the town is to grow, what services are to be developed and how they are to be developed. Then they are carried out within the overall scheme of things. There is a very urgent need, in this connection, not only to do planning for the cities but also to do a certain amount of regional planning; what is to be the future plan of growth for our villages, what is to be the relationship between the villages and the towns, how they are to feed one another or supplement one another and the villages are not exploited by the cities as has happened in the past in some places.

Now, the Planning Commission, two years ago, had written to the State Governments telling them that they should prepare master plans for all towns with a population of more than 50,000 in the regional context. Nothing was done about it. So our Central country and Town Planning Organisation has taken up three regional plans—Meerut, Agra and Jaipur. These were taken to think of the needs of the country-side and the cities and work out a methodology which could be presented to the State Governments afterwards. As these places are nearer to Delhi, our officers can go there very frequently.

Then, Sir, one weakness regarding these master plans, however, I would like to mention. That is, the fact that while we have given hundred percent assistance for the preparation of the plans, somehow, in the Third Plan money was not kept for the implementation of the plans. Some of the State Governments have made use of the money available for housing etc., for the acquisition and development of the land. But for the development of roads, water supply, dra.nage, market centres etc., these funds are not available, although for water supply and drainage etc., funds under the national water supply and sanitation schemes have been used and are being used.

Sir, time will not permit me to say more about these matters. But I am glad that this matter was raised and I have taken the opportunity to inform this hon. House of our thinking in this direction and of our schemes.

Then, it was stated by one hon. Member, I think yesterday,—there is a cut motion also to that effect—that the Central Ministry should prepare a Central legislation for the corporations, municipalities etc. In this respect, may I say, Sir, that municipal administration is, by and large, within the purview of the State Governments. However, the Central Council of Local Self-Government which was established some years ago has been functioning to regulate and to co-ordinate the activities of local self-government in the country through calling conferences of the local self-government ministers every year. These conferences have expressed the desire that there should be some kind of a uniform legislation to control local self-government. A legislation was prepared for the panchayats and district boards. It was sent from the Centre and it has been adopted by many States. A similar legislation was also prepared for the municipalities—that was a model legislation—and that has also sent to the States. Similarly, we prepared a model legislation for country and town planning. That has also been sent to the State Governments, and several of them have enacted similar legislations for their own States. A legislation for the corporations has, however, not been prepared so far. But we have set up a committee in pursuance of one of the resolutions passed by the conference of local self-government minis-

ters. We have set up a Rural-Urban Relationship Committee. One of the terms of reference of that Rural-Urban Relationship Committee is to determine the structure and functions of the corporations and these urban local bodies. It is hoped that as soon as we get the report of this committee it will be possible to frame some kind of legislation in this respect also. However, I might say that the Central Government has been helping with the calling of a conference of the major corporations, mayors and their executive officers, and their meeting together has enabled them to exchange ideas and experiences which have been quite useful.

Then I might take a moment to say something regarding medical education and training, particularly in view of the remarks made by the hon. Member, Dr. Singhvi. Dr. Singhvi was very critical and very bitter and he tried to say that we were guided by pulls and pressures and we were not willing to have a medical college in Rajasthan. Probably, he was referring to his request for a medical college at Jodhpur. I gave a reply that we had no formal request from the State Government in this respect and I still stand by my statement that we have received no formal request from the State Government. Informally, they have approached us, they have talked to us and they have said they would like to have more medical colleges.

**Dr. L. M. Singhvi:** Sir, on a point of order. What is a formal request? Is a written request a formal request or anything more is required?

**Mr. Chairman:** What other method is there? Either a request is forwarded in writing or verbally expressed. If it is in writing it is a formal request.

**Dr. L. M. Singhvi:** Let her state it is so.

**Dr. Sushila Nayar:** There may be some informal letters which I have received from the hon. Member. I might have received them from somebody else also. I do not remember. By formal request, I mean their stating: we are starting a college, this is what we are putting into it, and this is what we want from the Government of India. The pattern of assistance from the Government of India is quite definite with regard to medical colleges—we give 75 per cent of non-recurring and 50 per cent of recurring cost provided that college is within the Plan ceiling of the State. The Rajasthan State has no colleges within its Plan ceiling. Then how can I find money—to start more of medical colleges. The State must start them from its own Plan ceiling?

The medical college scheme is a Centrally-aided scheme where a peculiar position has arisen, and that is that the State Governments wanted a number of schemes to be made centrally-aided schemes. Centrally aided schemes mean that they are within the State ceiling. We give them money in lump sum as ways and means advance and they spend them on different schemes as they like. We have given the fullest quota that was due from the Central Ministry to the Rajasthan Government. It is for the Rajasthan Government now to use it the way it likes.

As several hon. Members have stated in regard to water supply schemes also we are in a very embarrassing position. We are taken to task by this House that water supply schemes in the rural areas are not making progress. On the other hand, we keep on writing to the State Governments, telling them what they have to provide funds for these schemes within their Plan ceiling. It is a very modest and inadequate amount that is allotted for rural water supply and we are requesting them to please formulate schemes for at least that amount of money, yet, they are not doing it. It is very difficult for us to force them.

An hon. Member said we were not having sufficient vigilance. It is not a question of vigilance. We can write

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to them and we can persuade them; but nothing more than that. Under the system that has been adopted by the Planning Commission, money is to be advanced to them in lump sum and we have no further control over them except to tell them that this is what they should do. The rural Water supply is an important subject and they also know it is an important subject.

**Shri Kashi Ram Gupta** (Alwar): What about the delay in sanctioning schemes by the Centre? That is also one of the causes for slow progress.

**Dr. Suhila Nayar:** No scheme is delayed by the Centre by more than 4 to 6 weeks. In some cases, the schemes are sent to us in half-baked condtion. They have to be sent back for information and thereby delay is caused. Now we are going even to the extent of sending our officers to help them on the spot to expedite these schemes. I wish to assure the hon. Members, on that score. That no delay is caused by any hold up at the level of the Centre.

With regard to medical education, as was pointed out by a number of hon. Members, we have already expanded the number of medical colleges at a phenomenal rate. There are 79 medical colleges now and we admitted last year, 10,090 admissions. The target for the Third Plan was only 75 medical colleges and 8,000 students. So, we have gone beyond the target that was laid down in the Plan, both in regard to the number of colleges and in regard to admission of students.

So, I find myself in agreement with some of the hon. Members on this side, who have advised us to lay more emphasis on post-graduate education. We are doing that. In fact, the All India Institute of Medical Sciences, the Calcutta post-graduate institute, and the Chandigarh post-graduate institute are already functioning.

**Shri Kashi Ram Gupta:** What about the scarcity of house jobs for the post-graduates?

**Dr. Suhila Nayar:** There is no scarcity of house jobs. So, I do not know what the hon. Member is referring to. What I wish to say about post-graduates is that, firstly, there are 800 scholarships available for them. There are posts like registrars, senior house surgeons etc. and today there are about 3,500 post-graduates in this country who are being trained, as the post-graduate institutes, in some of the upgraded departments of some of the other medical colleges. Dr. C B. Singh wanted 500 scholarships plus ten admissions in each of some 50 selected medical colleges. I wish to tell him that we have got more than that number already in the medical colleges; about 1,700 odd students are studying in these medical colleges, either getting emoluments as registrars, house surgeons etc. or getting scholarships that are given by the Government of India. We propose to increase the number of scholarships still further because we are very anxious to have more and more young people trained in the post-graduate institutes. We are equally anxious, like hon. Members, that our post-graduates may not have to go outside the country, except for very important and specialised skills for which we may not be able to offer them opportunities within the country. Talks are going on to set up one more post-graduate institute at Hyderabad and I hope something will come out before long. Madras and Bombay are also very keen to set up post-graduate institutes and if we could find the funds, we would like to have them in those places also.

There is a shortage of about 2,000 teachers and most of the shortage is in the pre-clinical subjects. We are doing our best to make the pre-clinical subjects attractive. Suggestions have been made by some of the leading personalities like Dr. Lakshmanaswami Mudaliar that we should have

students at M.Sc. anatomy and physiology and use them in the teaching line if we cannot get enough doctors to teach anatomy and physiology and we are considering these proposals. Apart from that, we would very much like that during the Fourth Plan every district hospital should have a minimum number of specialists like physicians, surgeons, gynaecologists, obstetricians, Pedeatricians, eye, ear, nose and throat specialists, radiologists, pathologists anaesthetists, etc. This means that we need 17,000 specialists at least, if we are to man our districts with these various specialities. We are doing everything possible to train as many people as quickly as we can.

Several hon. Members pointed out the inadequacy of the salaries that we are paying to the doctors. I cannot deny....

**Shri Bakar Ali Mirza:** What about the Warangal Medical College?

**Dr. Sushila Nayar:** I cannot deny that charge because the salaries paid by Punjab are better than the salaries paid even by us at the All-India Institute of Medical Sciences. We are taking up the matter with the Finance Ministry and the Planning Commission. We would like to improve the salaries as much as possible. But, again, all these things have to be finally guided by the overall resources that are at our disposal.

**Shri Chandrabhan Singh** (Bilaspur): Please fight with the Planning Commission. You must get the money from them.

**Dr. Sushila Nayar:** With regard to the question regarding Warangal Medical College, I wish to say that the Warangal Medical College is one of those five or six medical colleges which are run by private societies who charge quite big capitation fees, Rs. 3,000 or Rs. 5,000, from each student. Apart from that they charge Rs. 1000—2000 every year from the students at the time of admission. This hon. House and the upper House have been very critical of the Government of India giving any assistance to these colleges which, hon. Members consider, are run on a commercial basis. In spite of that we did give them some assistance, not regular assistance. They have no business to say that they were getting Rs. 5 lakhs every year. Some of them have had a few lakhs of rupees from time to time and against that the Government of India had reserved a few seats for the Union territories and other people. We were not able to give any assistance to any of these colleges this year. For one thing, we had no money and, further, the Central Health Council was very much exercised as to what should be our policy with regard to these private medical colleges. The Central Health Council disapproved of the idea of private medical colleges of this type as a general rule and they set up a committee to examine the whole question as to what should be done with these private medical colleges. We were not in a position to keep on giving any assistance to them.

**Dr. Ranen Sen:** The Calcutta School of Tropical Medicine had raised that question.

**Dr. Sushila Nayar:** With regard to the question that we asked the private medical colleges to increase the number of seats, we sent a general circular to all medical colleges that the Medical Council has agreed to the increase of the number of seats up to 200; but while a certain pattern of assistance was given to other medical colleges, for instance, those medical colleges which are not charging this type of capitation fees, run by State Governments or even by such missionary institutions as at Vellore etc., we made it quite clear that it was not possible for us to give this assistance to these medical colleges which are charging capitation fees, for instance. All that we gave was Rs. 15,000 non-recurring aid and Rs. 2,000 recurring aid to those colleges.

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These colleges recover more than that amount from each medical student in the form of capitation and extra fees. Therefore money was not given to these institutions.

**15.53 hrs.**

[MR. DEPUTY-SPEAKER *in the Chair*]

With regard to the Tropical School of Medicine, that is a school run by the State Government. The Indian Council of Medical Research in the early stages had given them three professors or teachers and they were paying the salaries of those teachers. However, these teachers are not the legitimate charge of the Indian Council of Medical Research according to the pattern according to which the Indian Council of Medical Research is functioning. They have from time to time expressed a wish that the Bengal Government should take over these teachers and they would not be responsible for them. As for the Government of India helping the Tropical School of Medicine, if the State Government wish to transfer the School to the Government of India, we will be quite happy to take it over and run it. We are appreciative of the researches carried out there, but so long as the State Government is responsible for it, there is a pattern according to which assistance can be extended and that pattern does not allow the Government of India to pay the salaries of some of the teachers or professors. That is why this situation has arisen.

**Shri Bakar Ali Mirza:** Will the hon. Minister take over that college? When both these grants were given the Government of India knew fully well that they are charging capitation fees and that it is a private institution. I have got a document from a reliable auhority and they have got money only for one month. The college will close down....

**Dr. Sushila Nayar:** Whether they have money for the one month or two months, that is not my concern. I am not responsible for privately-run capitation-fees-charging medical colleges. We do not know how they spend their money. We have no control over their accounts. There are very serious allegations against these private medical colleges. This committee that has been appointed is going through the whole thing and the hon. Member cannot expect us either to take over that college or to give them lakhs of rupees for any reason.

With regard to the question of slums that some hon. Member had raised here, I may submit that slums are primarily looked after by the Housing Ministry and not by the Health Ministry. Similarly, an hon. Member mentioned that 20 to 30 per cent of the sweepers in a particular area are suffering from skin diseases We have no such report with us. If the hon. Member will give us the details of the place and more information about it, we will be glad to send somebody to that place, get full information on the subject and, if there is any such thing, we shall be very glad to give all possible help and assistance to those people.

It was also stated that there should be some further assistance given to the sweepers. I might mention that the welfare of the Scheduled Castes and the Scheduled Tribes is being dealt with in the Home Ministry and not in the Health Ministry. The Home Ministry has two types of schemes, some in the Central sector but most of them in the State sector. The schemes in the Central sector are housing schemes, schemes for the improvement of living and working conditions of sweepers, Tribal development blocks and setting up of cooperatives etc. In the State sector, there is education, health, housing, drinking water, economic uplift, medical facilities etc. To the best of my knowledge these schemes have

rendered very useful service to the Scheduled Caste and the Scheduled Tribe friends.

A good deal was said with regard to Ayurveda. My hon. friend, Shri Sarma, kept on paying compliments and saying things which were very uncomplimentary. It is a very peculiar situation. On the one hand, hon. Members are all the time telling us that Ayurveda and Homocopathy are very cheap—hon. Member, Shri Yashpal Singh said that Rs. 1 crore for Ayurveda will do the work of Rs. 1,000 crore spent on Allopathy..

**Dr. Ranen Sen:** That is not correct.

**An Hon. Member:** Rs. 300 crores.

**Dr. Sushila Nayar:** All right, Rs. 300 crores. What I wish to say is that we have spent several crores of rupees on Ayurveda and those several crores of rupees have been spent according to the advice of the best Ayurvedic experts. I was very sorry to hear personal attacks from Shri Sarma on our Ayurvedic Adviser who is not here in this House to answer them.

**Shri A. T. Sarma:** I have not mentioned his name.

**16 hrs.**

**Dr. Sushila Nayar:** You did not refer to him by name but you left no doubt in anybody's mind as to whom you were referring to, the way you talked. To the best of my knowledge he is one of the most able, honest and sincere workers. He has been employed on the advice of the Union Public Service Commission, the highest body that is available to us. Well, he is not working alone. There are bodies of eminent Ayurvedists for everything that is being done and I have sat in some of these committee meetings and, as a rule, the decisions have been taken unanimously, not even by the majority vote. The hon. Member, Shri Sarma, has some ideas of his own. He says certain treatment is wrong and patients will be killed. It is not possible for me to pass any judgment as to what is correct and what is not correct in Ayurvedic treatment. There may be differences of opinion amongst the experts. I know there are in my that there are differences of opinion in his line also. But it is not possible for us in this House or in the Ministry to pass any judgment. We can only be guided by the best talent that is available. The *shuddha* Ayurved was decided upon under the advice of the best of men all over the country. The Planning Commission had called a panel. It was on the advice of this panel as to what subjects should be taught, what should be the entrants' qualifications and what should be the length of the course of study, and the resolution of the Health Ministry says not a word beyond what is in the minutes of that Panel meeting. I wish to say to my friends in all humility that I am very willing to give as much scope to Ayurved or Unani or any other system as may be possible. But let us be honest and truthful about it. It will not serve any useful purpose for Ayurved or Unani or any other system—and all the eminent Ayurvedists are agreed on that—if under the name of Ayurved they powder A.P.C. tablet and prescribe it as *shveta churan* or do anything else which is of that type. Such things have been done.

**Shri A. T. Sarma:** That is the action of the so-called Ayurvedists.

**Dr. Sushila Nayar:** I do not know who is a so-called and who is not a so-called vaids. According to Shri Sarma, he is the only one who knows Ayurved and everyone else knows nothing about it. I am afraid it is not possible for me to accept that claim. I have to go by eminent men from all over India who are known and respected as teachers, as scholars, in the field of Ayurved. I have heard exactly the same type of criticism against the Integrated System as I am hearing today from one of my friends against the *shuddha* system. I wish to tell

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these gentlemen that by and large the *shuddha* system has been welcomed by Ayurvedists who are devoted to the science of Ayurved. They say, let us know what it has to offer. It can only be done by those men who believe in Ayurved, who respect Ayurved and who are not ashamed of being called *vaids* and so on. Therefore, it is not possible for me to accept the suggestion given by, I think, Shri Yashpal Singh or somebody else—I forget the name—that we should have a small condensed course for all Ayurvedists in Allopathy and for all Allopathists in Ayurved. I am afraid this suggestion is unpractical and I cannot accept it.

Then, Shri Sarma was vehemently critical of the post-graduate training institute that we have set up at Banaras. This Institute is doing excellent work. The Banaras Hindu University has closed down the Ayurvedic College. There is no doubt about it.

**Dr. M. S. Aney** (Nagpur): Very unfortunate.

**Dr. Sushila Nayar:** So has it been done in Lucknow; so has it been done in Madras. If the boys who are studying in those institutions would come forth and demand that they should be taught modern medicine, they should be made M.B.B.S. and all that, what are the authorities to do? They had to close down those colleges. However, the Banaras Hindu University was keen that they would like to keep up the studies in Ayurved to find out the best treasures that may be hidden in Ayurved, we were glad to help them with a scheme under which they have set up a post-graduate institute for Avurved. Whether they will give M.D. or *Vachaspati* or *Acharya*, as to what name they give to the degree, it is not possible for me to say. It will be for the University to decide. They have conducted some researches there and some of those researches are already giving very promising lead and I hope we will get something out of it.

Then, Shri Yashpal Singh wanted us to give the same salaries to the Ayurvedists as to the doctors. We asked all the State Governments and the State Governments did not agree with his view because they feel there are very different qualifications, very different levels of training and it is not possible for them to accept this suggestion. I am afraid I cannot do anything about it.

As regards having 7 or 8 more laboratories for Ayurveda which Shrimati Savitri Nigam wanted us to have, I have not understood the suggestion because Ayurved does not generally depend upon laboratories. Generally, the way of Ayurveda is a different type of diagnosis. It was said that we do not let them use thermometer or we do not let the vaids use other things. That is completely wrong. Nobody is prevented from using the theremometer. If they want to have some biochemistry done or some bacteriological tests done, they must know how to read those tests and they must know what those tests imply. Then only those tests would be useful to them and then only those laboratories will be useful to them which is not the case at present. But the limitations are such that these gentlemen, the best amongst them, have themselves not asked for them and we are not putting any restrictions on them. So far as I am concerned, if they want to have a laboratory test done and ask somebody who knows about it to read it for them, it is perfectly all right with me. As a matter of fact, we have set up at the moment 10 circles for the study of Ayurvedic drugs. In these 10 circles, there are four aspects namely the botanical aspect, the pharmacological aspect, chemical and the therapeutical aspect and so on. These are being studied by the best scientists that we have. We on our side are very happy to have all the diagnostic tests carried out on cases treated with Ayurvedic drugs. Somebody mentioned about Jamnagar. In Jamnagar, this was the very type of study that was being carried out and I might mention it to

the hon. Members that the Jamnagar Institute has the fullest freedom to develop in any way they like. In fact, it was at the instance of some of the lovers of Ayurved that we agreed to integrate the under-graduate, the graduate, the post-graduate and the research sections of the Institute, and a governing body was formed under which that Institute is functioning now. So far as we are concerned, we are very happy to make such use of the Ayurvedic system or any other system as is possible. But it is not for us to set up these dispensaries and hospitals. They are being set up by the State Governments and they are set up to the extent they think it is necessary. For ourselves, we set up one dispensary in Ayurved in Gole Market. Shrimati Savitri Nigam should know that that is not one corner of the city. It is the heart of the city and it is most conveniently located for all those who are taking benefit from it. The question of having another dispensary is under our examination and we propose to open another one. But I wish to tell her that it is not correct that the attendence is increasing. It is fluctuating. Sometimes it has increased; sometimes it has decreased. But it has certainly not gone up to the average attendance in the other dispensaries in Delhi. Then, I come to the question of control of communicable diseases. A question was asked by an hon. Member yesterday why malaria declined in his areas between 1946 and 1955. I wish to state that it declined between 1946 and 1955 because anti-malaria measures had already been instituted by 1946. It was not called the malaria eradication programme at that time. At that time, the measures were primarily anti-larval measures, and it was because of these measures that there was this success. It was, in fact, because of the success achieved with the anti-larval measures that the eradication programme was taken up in 1958 with excellent results. I am glad to inform the House that at the present moment, we have 80 units ready to go into maintenance; 80 units mean a population of nearly 90 million people, and these people are living in areas in which the malaria eradication programme has been completed, and with them the normal health machinery of the area should take care of the future so that malaria is not re-introduced.

I wish to make an appeal to my hon. friends in this House and through them the other leaders in their constituencies that it is very important for all of us to be vigilant in this maintenance phase. In any case of fever, they should have the blood slide taken and that blood slide should be examined so that if anyone gets malaria fever it should be immediately treated with anti-malaria treatment, and there should be no chance for malaria raising its head again.

In order to ensure success of the maintenance phase, we propose to have two workers for every 10,000 population or for every 2000 families, one male and one female worker who will go into the homes and enquire if anybody has fever and also enquire about child care, the nutrition of the children and so on and also give them advice regarding family planning.

We accept wholeheartedly the suggestions given by Shri Rameshwaranand regarding the need for self-control, brahmacharya and so on. But it is not possible for anyone to force this point of view on anyone else. Education for a good life, for good morals etc. is derived from the home and not by opening clinics and hospitals. There are no pills which we can prescribe to the people to make them moral or to make them observe self-control and all that kind of thing.

The family planning clinics have on the whole made very good progress. Shri Yashpal Singh had said that we had spent Rs. 25 crores on family planning. I wish I could make that claim that we have spent that money completely. Unfortunately, we have not spent even half of that amount.

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But what I might say is that we are stepping up the expenditure every year. Further, my hon. friend will be glad to note that we have linked up family planning with the welfare of the families. What we are trying to do is that we are training and appointing the workers who will go into the homes and teach the mothers how to look after their children so that the children have a chance to live up to adult life and remain healthy and happy. They will give them advice also regarding ante-natal care.

**Shri Kashi Ram Gupta:** Unmarried girls are employed for family planning work.

**Dr. Sushila Nayar:** Some of them may be unmarried and some others may be married. We have laid no hard and fast rules that only married girls should be taken. But I may tell the House that we have issued general directions that generally speaking, they should be above 25 years of age and they should preferably be married. Most of our girls by that age are generally married. There may be occasionally a worker who is not. That is no reason why, if that worker is otherwise well-qualified, we should reject that worker for that purpose.

So we have these welfare workers who go into the homes and give this general advice and guidance and also tell parents how they can space their children, and that they should have few children because the smaller the family the better opportunities there are for each member thereof and better chances of happiness in that family.

About 4:5 lakhs people have been sterilised till now. These 4:5 lakh operations have been done in our clinics. But several of them are having it outside on their own. The total number of operations will be about a million. Considered along with their partners, about 2 million people have benefited by this scheme.

I cannot accept the suggestion of Shri Chandrabhan Singh that we should pay Rs. 100 each to these people for undergoing sterlisation operation. It will be a very sad day when we entice people with money to undergo sterilisation operation. We are very keen that they, both husband and wife should understand the implications of this and then undergo the operation of their own free will and not because of monetary incentives or the like.

**Shri Chandrabhan Singh:** What is the condition in the rural areas?

**Dr. Sushila Nayar:** Even in rural areas, we would like to maintain this flexibility. Family planning advice is made available to them and sterilisation is made available to only those who are keen to have sterilisation.

**Dr. M. S. Aney:** What is the number of males and females sterilised?

**Dr. Sushila Nayar:** In the early days, mostly women were undergoing sterilisation operation, but of late males have come to understand how simple the operation is for them and now more males than females are undergoing the operation. The number is two-thirds males and one-third females.

**Shri P. N. Kayal** (Joyanagar): How many of them Muslims?

**Dr. Sushila Nayar:** I am afraid I have not got the breakup community-wise or Religion-wise. Generally speaking, I might say that there is more resistance from Muslims and Catholics.

Regarding cholera, a good deal of concern was expressed. I share that concern with them. All that I can say is that we have taken up the problem of cholera in all earnestness. It is true that Calcutta and a few places in Orissa and Bihar and some places in Maharashtra—about 8 States—have had cases of cholera last year. In these 8, limited areas, about 53 districts, have been affected by cholera.

We had a conference of the Health Directors of the affected States here and certain tentative decisions had been taken in this respect. We are setting up a cell in our Directorate-General of Health Services at the Centre. We are setting up epidemiological units in different areas which will immediately rush out on report of a case and see how it has happened, where it is likely to spread and give advice regarding the precuations to be taken to to prevent it.

Apart from this, we are carrying out a very important experiment at the present moment with the help of WHO to test the efficacy of the cholera vaccine. The vaccine has been prepared at the Haffkine Institute, Kasauli and at certain other places including West Bengal. Some freeze-dried vaccine has been prepared at the Walter Reed Hospital in Washington. We are trying it out in a very carefully planned manner to assess its utility.

Another thing that has been done, which is very interesting, is that we have, with the help of some experts whom we had invited, developed a method of treatment, according to which there is hardly any case of cholera which has died, particularly in the Infectious Diseases Hospital at Calcutta, where these people were admitted.

May I say that in the number of cases that developed the disease in the same months in 1963 and 1964, January and February, there is a vast difference? There are very few cases, a fraction of cases as compared with last year, and so, there is no need for hon. Members to be terribly alarmed, although I share with them that cholera is one of those diseases which we should have tackled by now and been able to get rid of. But it is intimately linked up with the question of sanitation, protected water supply, protection against flies etc. People generally, somehow, have not developed horror of flies, which everybody should have, in order to be protected against some of these infectious diseases of the gastro-intestinal tract.

I agree with those hon. Members who had emphasized the need for health education. Time does not permit me to go into the details of what we are doing for it, but I wish to assure them that we are taking up the matter of health education in all earnestness. We have formulated some simple textbooks for the guidance of the school teachers, so that health education is impressed upon the students from the time they are in the primary school. We are also including health education courses in the training schools of teachers, and we are closely collaborating with the Education Ministry in this respect.

The same thing applies to the school health programme. The Education Ministry and the Health Ministry are working together to formulate programmes for better health care of our student community.

An hon. Member had expressed concern regarding the continuing cases of small-pox in West Bengal. I would like to tell him that in January, 1963 there were 1,269 cases of small-pox, while in January, 1964 there were 409 cases; in February, 1963 there were 1,910 cases, while in February, 1964 there were 540 cases. So, there is a considerable reduction, though small-pox vaccination has only covered 43 per cent of the population in West Bengal as yet. We are trying to cover the rest of the population as far as we can. The population coverage for the whole country is over 47 per cent.

Some hon. Member want to know what we were doing with regard to the production of freeze-dried vaccine within the country. We have started production at Patwadangar in U.P. and we have used some of it in our own country, while the production at Guindy in Madras is expected to start very soon. Two other places, Belgaum and Hyderabad, are also likely to have production units for freeze-dried small-pox vaccine. UNICEF is helping us with some equipment etc., for that purpose.

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A good deal of concern was expressed with regard to filaria. Time again does not permit me to go into the details of it, but filaria is one of those problems where drainage schemes are of the utmost importance. We have taken up this question with the Planning Commission, and they have given a directive to all the State Governments that henceforth water schemes and drainage schemes must be a composite whole, that no water scheme should be sanctioned without a drainage scheme at the same time. But there are towns in certain areas, very highly filarous areas where drainage has not been taken up, and it is posing a problem, and the municipalities are not in a position to incur expenditure on the drainage schemes. We are pursuing this matter with the Planning Commission, and are trying to persuade them that some subsidy should be offered for drainage schemes. At the present moment there is no subsidy at all. It is hundred per cent loan to the municipalities, which they find it difficult to pay back.

Another suggestion that we have made is that loans to the municipalities be on a long-term no-interest basis or very low interest basis, as has been done in the case of telephones, railways etc., by certain international agencies. Drainage schemes and water supply schemes are surely as important, if not more important, for the life of the nation, and we feel more facilities should be extended to these schemes. This is being considered by the Planning Commission. Time will not permit me to go into the other control schemes like trachoma, goitre, leprosy, venereal diseases, etc. I do wish to say a word about programmes for TB control. As stated by some hon. Members TB is of grave concern to all of us. After malaria, perhaps it is No. 1 in taking the toll of human life in India. BCG vaccination is one of the preventive measures that we have been pursuing for several years now. Apart from that, treatment of cases with positive sputum is an important aspect to prevent the spread of diseases. District clinics with sufficient staff and adequate medicines are the sheet anchor of attack on TB. An hon. Member wanted TB hospital in every district. I am afraid it will not be possible nor would our funds permit it. Researches at the TB Institute at Bangalore as well as Chemotherapy centre at Madras have decidedly shown that domiciliary treatment can be as effective as sanatorium traeatment. We are how emphasising domiciliary treatment. There is shortage of these drugs at the clinics and we have offered to help the State Governments in meeting the expenditure on drugs so that these who can not afford to buy drugs can have free drugs and nobody need discontinue treatment half way because he could not afford to buy drugs. But it is also necessary for the hon. Members to understand and convey it to all concerned that whoever is on treatment should take the full course that is treatment for one year and not stop it after a month or two.

With regard to leprosy, 3·5 lakhs of patients are receiving treatment under our different schemes—such survey, education and treatment schemes and in the thirty and odd institutions which are being run by voluntary organisations. This does not include about 15000 to 20000 beds that are run by Governmental and other organisations in the form of various leprosoria. I wish to say here that the Mehrauli hospital is run by the TB Association of India and not by the Government of India. However, the complaints that come to us will be duly investigated. There is no question of being indifferent to any type of complaint of the nature that were pointed out by the hon. Member here.

I was asked: why the Central Government Contributory Health Scheme is not extended to Madras and Calcutta. We have extended it to Bombay and it has proved very successful. We would like to extend it to other

places also. There is shortage of funds. If we have funds we would be able to do it. This scheme was originally conceived as the precursor for some kind of national health scheme and for that purpose it was originally the Government servants alone were covered by this. This scheme was later on extended to semi-government and certain other statutory bodies and I think 70—80 of them have been included. At the present moment, we have got 1,31,178 families or 5·5 lakhs of persons—a little more than that—under this scheme. There are 249 Assistant Surgeons, and they cope with about 60 lakhs of attendance every year, and the service is proving very popular.

The question has been raised here from time to time that it should be extended to pensioners and other sectors of the population. I am glad to say that we have been able to get clearance for extending the scheme to other people who are not Government servants' in a limited area, say, in the Government servants' colonies provided they pay a contribution of Rs. 7 to 8 a month, the amount which has been worked out to be the right type of contribution for them. In this manner they will be able to get the benefit of this scheme. The question of extending it to pensioners is under consideration, but we have extended it already to the work-charged establishment which originally was not covered by this scheme.

The whole idea of some kind of health insurance is very important, and I was very glad to have the suggestion of Shrimati Savitri Nigam that everybody should be charged at least 5 nP. for a prescription. As a matter of fact the Central Health Council has passed a resolution that 10 nP. be charged and we have forwarded that suggestion to the different State Governments and the various organisations concerned with this service. I read in the newspapers the other day that some corporators in the Delhi Municipal Corporation turned down the idea and they thought that it was not right. I do agree with the hon. Member that the idea is correct and that a small contribution be paid by all those who go to the hospital, because, there is a feeling among the people that if you pay even a little bit for the medicine it is more effective than if you pay nothing at all for it.

In this connection, I want just to come back to the water supply schemes.. Some hon. Member said nobody should be charged anything for water supply schemes. So long as there are wells in the villages, nobody would be charged; that is all right. But if we are to supply piped water through engineering schemes to the villagers, they will have to be charged, because not only there is the initial expenditure but there is the maintenance and recurring expenditure, and nobody can continuously take responsibility for that. Whether that charge should be from the individuals in the village or whether the panchayats should come forward and take some of the responsibility is a matter that can be examined. The question of free wrater is something about which we will have to revise our ideas. It is all right to have free water if you take it from the river or tank or from the well. If however you have the piped water supply, the processing of water is an expensive job, and people have to pay for that type of water.

**Shri Dinen Bhattacharya** (Serampore): Even for tube-wells, the villagers have to contribute.

**Dr. Sushila Nayar:** Of course they have to contribute in some way, and that is according to the various procedures which have been laid down. I am not responsible for tube-wells and so I am not able to give a detailed answer as to what is the basis on which contributions are charged for tube-wells.

**श्री बागड़ी** (हिसार) : पंजाब का भी ध्यान रखा जाए ।

**श्री काशीराम गुप्त** : राजस्थान को भी ।

**Dr. Sushila Nayar:** The hon. Member wah not here from the beginning. I dealt with the Rajasthan question at the beginning of my speech.

**Shri Gauri Shankar Kakkar:** What about the medical check-up of school-going children?

**Dr. Sushila Nayar:** I have covered it. If hon. Member was not listening, what can I do? Now, for polio vaccine, we are setting up production units for polio vaccine in two places and we hope we can protect our children against polio. We are also trying to produce toxid for protection against diphtheria and whooping-cough and tetanus, etc.

The blood banks had attracted a lot of interest last year, during the emergency, and we considered it very important. We organised blood banks, and we organised a voluntary blood collection service. The Red Cross has been working this service and they were able to collect in 1962, 212 units, in 1963, 409 units and in 1964, upto now, 200 units. The hon. Members will be glad to know that a voluntary organisation of women was set up, and since August last year within a few months, they have been able to collect something like 600 or 700 units. They have done it without our having incurred any expenditure on them of any kind.

Rural areas naturally attract the attention of everybody and the medical care of the majority of our people in the villages is very important. At the moment, we have 3879 primary health centres. We are hoping that we will be able to cover all the 5000 blocks before the end of the Third Plan. It is true that there was a slackening of this scheme during last year due to the emergency following Chinese invasion, but the States have been reminded about it. We all understand the importance of it and we are trying to expedite these services.

Sir, I think I have dealt with most of the points. I have not said much about the drug control and food adulteration, because both these Bills will be coming before the House in the course of this session, I hope, and hon. Members can discuss these matters at that time.

With regard to cancer, a number of hon. Members have pointed out the role of tobacco in cancer. There are researches to show that tobacco is related with the cancer of the lungs, of the throat, back of the throat, tongue. etc. and we have brought certain health education material on it. We cannot ask the Government to have some legislation stopping tobacco smoking, in view of our experience with prohibition against liquor, for which several hon. Members keep criticising us from time to time and want us to relax those controls. So, it will not be proper to have legislation on this basis.

**Shri Basappa** (Tiptur): About the rural water-supply scheme, one of the reasons for the delay in sanctioning...

**Mr. Deputy-Speaker:** He may put the question at the end. Let her finish.

**Dr. Sushila Nayar:** I have already said that there is no delay in sanctioning the schemes. It is absolutely wrong for anyone to say that there is delay at the Central level. On the contrary, in the State from which the hon. Member comes there was a certain scheme sanctioned by the Government of India in 1961. Last year, I went to Bangalore and some ladies and gentlemen came to see me saying "We are very badly off; we must have water-supply schemes." But when I looked at the files, I found that the sanction for that scheme was given in 1961, but they had not taken it up. I wrote to the Chief Minister also.

**Shri Basappa:** The Rs. 8 crore-scheme of Mysore has not been sanctioned still. I want to know why all the powers should be concentrated in the centre. Even for a sanction of Rs. 1 lakh, they have to come here. Why not delegate the powers to the States? After all, the State Governments give their matching grants and they are also equally interested. That is a policy matter on which I want an answer.

**Dr. Sushila Nayar:** The States have powers up to Rs. 1½ lakhs. I wish hon. Members would not unnecessarily criticise us. If we are keeping some scrutiny, it is not to have any power, but to be able to be helpful to the States. We get schemes from all over India. The experiences and ideas which are gathered from different parts of India are made available through central scrutiny. It is just a central clearing house and it is of advantage to the States. I may tell hon. Members that most of the public health engineers are agreed that this is a good procedure which should be followed.

With these words, I wish to thank the House and you, Sir, for the patient hearing I have received.

**Mr. Deputy-Speaker:** Shall I put all the cut motions together?

**Some Hon. Members:** Yes.

**Mr. Deputy-Speaker:** I shall now put all the cut motions to the vote of the House.

*All the cut motions were put and negatived.*

**Mr. Deputy-Speaker:** The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1965, in respect of the heads of demands entered in the second column thereof against Demands Nos. 42 to 44 and 127 relating to the Ministry of Health."

*The motion was adopted.*

*[The motions for Demands for Grants which were adopted by the Lok Sabha, are reproduced below—Ed.]*

DEMAND NO. 42—MINISTRY OF HEALTH

"That a sum not exceeding Rs. 20,91,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Ministry of Health'."

DEMAND NO. 43—MEDICAL AND PUBLIC HEALTH

"That a sum not exceeding Rs. 11,43,24,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Medical and Public Health'."

DEMAND NO. 44—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 87,28,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Other revenue expenditure of of 'Medical and Public Health'."

DEMAND NO. 127—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 9,93,35,000 be granted to the President to complete the sum necessary to defray the charges

which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Capital Outlay of the Ministry of Health'."

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MINISTRY OF INDUSTRY

**Mr. Deputy-Speaker:** The House will now take up discussion and voting on the Demands for Grants under the control of the Ministry of Industry. Six hours is the time allotted for this discussion. Those hon. Members who want to move their cut motions will please send in their chits to the Table indicating the numbers of the cut motions that they want to move.

DEMAND No. 57—MINISTRY OF INDUSTRY

**Mr. Deputy-Speaker:** Motion moved:

"That a sum not exceeding Rs. 34,35,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Ministry of Industry'."

DEMAND No. 58—INDUSTRIES

**Mr. Deputy-Speaker:** Motion moved:

"That a sum not exceeding Rs. 16,97,90,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Industries'."

DEMAND No. 59—SALT

**Mr. Deputy-Speaker:** Motion moved:

"That a sum not exceeding Rs. 51,35,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Salt'."

DEMAND No. 60—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF INDUSTRY

**Mr. Deputy-Speaker:** Motion moved:

"That a sum not exceeding Rs. 28,52,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Other Revenue Expenditure of the Ministry of Industry'."

DEMAND No. 129—CAPITAL OUTLAY OF THE MINISTRY OF INDUSTRY

**Mr. Deputy-Speaker:** Motion moved:

"That a sum not exceeding Rs. 2,86,29,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1965, in respect of 'Capital Outlay of the Ministry of Industry'."

**Shri Dinen Bhattacharya:** Mr. Deputy-Speaker, Sir, we are now discussing the Ministry of Industry in which, in the later part of last year, several reorganisations took place. This Ministry is a very important one. It has got a great bearing on our national economy. Therefore, its performance and its functioning should be well scrutinised when passing these Demands for Grants.

In the report circulated by this Ministry it is stated that this Ministry formulates the general industrial policy and is responsible for active promotion of industrialisation of the country by encouraging orderly development of large and small scale industries

both in the private and in the public sector. The industrial policy resolutions which were adopted in 1948 and, subsequently, in 1956 are its guiding lines. Let us see whether this Ministry has acted as per the principles laid down in these industrial policy resolutions. I think if I mention certain points with regard to that it will not be irrelevant.

One of the objectives of the industrial policy resolution is to reduce disparities in income and to prevent the growth of capital and concentration of economic power in the hands of fewer individuals. From available data and statistics it is now crystal clear that the industrial policy resolution has long before been shelved by the Government. The Government has not only now, but from long before, begun to orient its industrial policy in favour of big business and big industrialists. The fact that after 13 years of planned development Government had to come forward with a proposal to appoint a Monopoly Commission to go into the question of monopoly and concentration of economic power in a few hands is an eloquent testimony to the wrong economic and industrial policy pursued by the Government for the last thirteen years. Although the Government have been periodically asserting and re-asserting a socialistic goal and our Constitution expects the State to curb the growth of concentration of power in the hands of a few people, all that has happened during these years is quite the reverse of the direction given by the Constitution and the Industrial Policy Resolution. The Government has not yet come forward with the report that has been submitted by the Mahalanobis Committee. But from the short report that has appeared in the newspapers it is found that in the year 1960-61 the total number of companies having a paid-up capital of less than Rs. 5 lakhs constituted 86 per cent of the total number of companies at work during that year. But they accounted for not more than 14·6 per cent of the total paid up capital. On the other hand, companies with a paid up capital of Rs. 50 lakhs and over formed only 1·6 per cent of the total number of companies but accounted for as much as 53 per cent of the total paid up capital.

If we look into the profit aspect of the industries in the private sector, what do we find? A preliminary survey of industrial profits in 1962-63 made by the *Economic Times* reveals that the profits before tax increased by about 30 per cent while the capital employed in this showed a rise of about 8 per cent. The preliminary survey is based on the accounts of 183 large companies which are distributed over almost all important industries in India and the combined results of the survey can be expected to be broadly representative of the entire corporate sector in the country.

Those 183 companies earned Rs. 128 crores as profits in 1962-63 after providing for depreciation, interest charge and managing agency remuneration. The corresponding figure for the previous year was Rs. 113 crores. The rate of increase in profits in 1962-63 was 13·2 per cent. While this is the trend in the industrial sector, Government is still continuing its policy of giving more and more concessions to the big industries, both foreign and Indian.

Now, let us for a moment look into the Mid-term Appraisal of the Third Plan. It is stated at page 3 that though many important tasks were assigned to the private sector, the progress on the part of private industries has lagged behind in a number of key areas, such as alloy steel, steel castings, cement, paper and newsprint, fertilisers and chemical industries. These shortfalls will have repercussions on future development, and it is necessary to devise appropriate means for ensuring that major targets assigned to the private sector are in fact realised in keeping with the requirements

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of the economy and the scheme of the Plan. Again, at page 10 it is stated:

> "In the private industrial sector, judging from data relating to capital issues, banks and other institutional credit to industry, imports of capital goods, etc. aggregate investment in the first two years, though not the pattern, seems to be more or less in tune with the amounts envisaged for the five-year period."

In spite of these concessions, as stated in the Mid-term Appraisal, the performance of the private sector was not up to the mark, though the full targeted amount for the Third Plan was already invested there. At a meeting of the Cloth Dealers Association in Delhi, the Minister without Portfolio, Shri Lal Bahadur Shastri, made a speech where he dealt with the production of cloth. In the course of his speech he said that while by the end of the Third Plan period the output should be increased by 20 per cent over the production in 1960-61, not much progress has been made in that respect. The cloth production in July 1963 was 417 million yards as against 438 million yards in July 1962. This is the position with regard to the production of cloth. There are hundreds of examples of this type where it will be found that there is serious shortfall and less production in spite of so many concessions given by the Government to the private sector, both Indian and foreign.

Then I will say something about the licensing policy of the Government. The Government's licensing policy is also always directed towards giving favour to the big business. Very recently the Government had raised the exemption limit from Rs. 10 lakhs to Rs. 25 lakhs. It is said that this raising of the exemption limit will help the medium and the small-scale industry but the result which will be evident some time afterwards will be contrary. The small-scale and medium entrepreneurs will not be benefited by this concession. Those big industrialists who are already having big hold in the industrial field will get the benefit of the lifting of the exemption limit.

I have got no time to go into the details of the policy regarding the granting of licences and I may mention here only certain points from which it will appear in what direction the Government is moving. I could have given you hundreds of examples. However, I will refer to only one thing. In reply to a question asked in this House by the hon. Member, Shri Banerjee, Shri Kanungo, the hon. Minister, himself gave the figures of how the licences are distributed. In the course of his reply he said that the Birla group received 29 licences in 1960, 28 in 1961 and 24 in 1962; the Tata group secured 10, 20 and 10 respectively during the same period; the Mafatlal group 1, 3 and 8; the Walchand group 4, 8 and 1 and the Shri Ram group 6, 9 and 3 respectively. In this way it can be shown that the whole policy of the Government so far as the granting of licences is concerned is directed with the view that big industrialists may get the benefit and they may have their full control over the whole industrial sector of our country.

So, I cannot agree with those who say that the Government has done something commendable by liberalising the policy of granting licences by raising the exemption limit. This is nothing but bogus. It will not in any way help the medium or the small-scale industries or the development of our industry in a planned way.

It is stated that there are problems facing the country regarding the development of industries. I also admit that there are problems. But in this way, that is, by giving concessions and helping the monopolists to concentrate economic power in their hands, Government cannot change the economic situation in our country. The concessions are given. But still the

full capacities of the industries are not utilised. There may be cases of shortage of raw materials—I agree—and there may be cases of shortage of foreign exchange but there are cases of sabotage and wilful curtailment in the production capacity and that was substantially proved last year when the Vivian Bose Commission's Report was discussed in this House. The corruption is there inside the big industrial houses. Government did not do anything to effectively to check those corruptions. The Vivian Bose Commission's Report came out but nothing effective has been done so far. After the things that were enlightened in the Report and the things that were suggested sometime after, it has been learnt that an Inspector has been appointed to enquire further into the matters of Dalmia Jain Company. I may mention his name also here. He is Mr. S. P. Chopra. Is it not a fact that so many cases are pending against him? How can this gentleman against whom so many serious charges are pending be entrusted with that task of making a further inquiry against that business house which has been substantially proved as corrupt? Is it not a fact that this gentleman, in 1947, withdrew a sum of Rs. 20,000 on account of the New India Insurance Company from the then Imperial Bank of India, Lahore, as an official liquidator, and is it not a fact that he did not disclose this amount in the return which he submitted to the Registrar, Joint Stock Companies, Jullundur? Is it not a fact that the Government of India did not wish to proceed against Mr. Chopra because the Government will lose . . .

**Mr. Deputy-Speaker:** No names should be mentioned here.

**Shri Dinen Bhattacharya:** These are official cases pending against him. I can cite many other examples.

**Mr. Deputy-Speaker:** The hon. Member may conclude now.

**Shri Dinen Bhattacharya:** I have taken only 15 minutes.

**Mr. Deputy-Speaker:** He has taken 20 minutes.

**Shri Dinen Bhattacharya:** I will take another 10 minutes.

Sir, how one could expect that he will deliver good? He is drawing daily Rs. 180 as his daily allowances. I say, he will never submit his report. He will always draw that money and he knows that as long as he can continue in this inspection work, he will get that money. That is assured. So, this way you cannot do any good to our country, to our industries and to our economy. Please have courage to investigate into these big houses. Long before, the mischief of Birla house was published but the Government did not care to take any action against Birla house. I say, come forward, be straight-forward, and if you want to build up your country, check this corruption. Only by giving concessions and pacifying foreign and Indian big business houses you cannot build up your economy in spite of all your good wishes and big assurances.

**17 hrs.**

Then, I come to the performance of the Ministry in the matter of the utilisation of the production capacity in our country. I know of cases where the particular factory or concern can raise its production capacity and can diversify its production if only Government come forward and give them financial and material help. For instance, take the case of the belting industry in West Bengal. In my constituency there are so many belting factories which may be called small-scale factories. These factories are now almost at a standstill condition and they cannot produce to the

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full capacity for want of financial help. In the meantime, Government have given fresh sanction to the foreign firm of Dunlops for manufacturing rubber belts, V-belts etc. I would like to know also why they have given a further sanction to Messrs. Freiner and Co., of Madras to produce belting goods. Why the Government should not come forward with financial assistance for the development of those small-scale belting factories, that is, the indigenous belting factories, so many of which are existing in our place?

Same is the position in regard to engineering concerns. I know of several cases where a bit of help from Government could result in production of items which could not be produced even in the big factories. If anyone were to come to Howrah, he would see a lot of these small-scale engineering units. Government have not given any help to them to build up these small-scale engineering units. During the last Great War and afterwards energetic people built up these industries themselves. There are so many of them, but they are not able to run their factories for want of financial help, for want of raw materials and they also are being pushed aside by the big industrialists from the market. There is also the question of power shortage. Still, a gesture of a bit of financial and other material assistance from Government can help them and they will be able to really deliver the goods in the matter of industrial development.

I can cite so many such instances. Very recently near Calcutta, in the 24-Parganas, there were about 50 factories started to manufacture nails from iron. But they had to be wound up because they were pushed out by the big manufacturers, and they could not compete with the big manufacturers and they were finished.

If Government are true to their assurance then they must be honest with these small-scale industrialists, guarantee them the market, give them financial help and help them to get raw materials in time.

Then, there is the question of handlooms and powerlooms. I know the case of Punjab hosieries. They are facing a serious crisis because they are not getting wool. Throughout the country, the handloom weavers are facing a serious crisis for years. In West Bengal, particularly in the Hooghly district, there are about 10,000 handloom weavers. Only a few days back, I had approached the Industries Minister of West Bengal, Shri Tarun Kanti Ghosh, and I found that he was very sympathetic, but ultimately he said 'What can I do? The West Bengal Government is not getting adequate supply of yarn from the other States.'. In our State, there is only one factory, at Kalyani, producing yarn. That is the only source of getting yarn for the handloom weavers. Why not we start more yarn producing factories there? Two years ago, the West Bengal Government decided to open a spinning factory, but the proposal has not yet materialised.

Then comes the question of powerloom. Government say that they are helping the co-operative sector. But what is the new situation? A new tax has been imposed on yarn. Each co-operative powerloom factory has 16 looms. They are facing a serious crisis. If this tax on yarn is imposed, they are finished. They cannot run their concerns. So if Government want that the powerloom co-operatives should run properly, this tax should be withdrawn. I know the hon. Minister may say that it is not his concern to look into. But I will tell him that he has also a responsibility for it. Why does he not tell the Finance Minister: 'Please do not impose tax on these powerloom co-

operative'? This is my humble suggestion to the Industry Ministry.

There are other cases of small scale factories dealing in plywood, rubber, plastic, dry batteries, and silk printing workers. They are not few. If the Government want to really build up a feeder and small scale industry in our country, they must look into these factors. Otherwise, we will have to depend only on the mercy of the big industrialists, foreign and indigenous. Is it not time for the Ministry to look into its past assurances, go into the letter of the Industrial Policy Resolution and come forward with a policy which will benefit the small and medium-scale industries so that we may have a strong industrial sector in the country?

Before concluding, I would also say something about the position in West Bengal. Sometime in December, there was a regional conference of the FICCI held in Calcutta. There it is very interesting to note that one Shri S. Roy, of the Bengal National Chamber, depicted how the industrial position is getting weaker and weaker in West Bengal in spite of its resources and potentialities. He gave a picture of the gradual disappearance of registered factories in the State. He mentioned that the number of registered factories in Bombay rose from 1949 in 1956 to 2686 in 1961; in West Bengal on the contrary, the figure came down from 1493 in 1956 to 1487 in 1961.

This is not all. Very recently there was a meeting of industrialists in West Bengal. There Shri Tarun Kanti Ghosh, Minister of Industry in West Bengal, expressed his great concern and said that if the situation did not improve, If the Bengalee youth, who have got acumen and skill, but no financial resources to build up industries, are not helped, then the West Bengal people will not say that the Union Government is doing justice to West Bengal. I know there is the problem of unemployment, but by giving financial help, technical education, training in know-how, and supplying materials in time to young and energetic small and medium entrepreneurs, Government can change the situation even now. So, it is my humble appeal to the Minister of Industry, through you, Sir, to look into the problem of West Bengal, which is a problem State, and the problems of which have been further aggravated by the influx of lakhs of refugees from East Pakistan.

**Shri Bade** (Khargone): They have been sent to Madhya Pradesh.

**Shri Dinen Bhattacharya**: I know they will be sent to Madhya Pradesh. I know there is also a proposal to start a factory in Orissa. But the West Bengal people and the refugees have been clamouring for the last 15 years for the building up of industries within the State of West Bengal where they can work and where they want to be economically rehabilitated. I do not know how far the promise and assurance to rehabilitate refugees will materialise.

They are loudly saying that they will start factories in Madhya Pradesh and Orissa for the employment of refugees. I know there was a proposal to start a steel factory with a phased programme in Haldia or Dandakaranya, but nothing has come out of it.

This Ministry has been giving loans for the building up or for expansion of some industries for the rehabilitation of the refugees. Certain figures are there, some taxi co-operatives have been opened, some loans have been given here and there. That will not do. Lakhs of unemployed youth and lakhs of refugees are there; they want rehabilitation, they want work If you start factories and provide them with work, they will help our country to develop its economy. They are good, intelligent and energetic Bengalees.

**Mr. Deputy-Speaker**: The hon. Member should close now.

**Shri Dinen Bhattacharya:** I will close with one word.

So, their talents are wasted. So, it is only a question of rehabilitation, it is a question of utilising their talents for the development of our country. With this outlook, Government must pay special attention to it.

If the Government want to send those who have not been rehabilitated for the past 15 years and those who are coming now to other States, that will not solve the problem and West Bengal people will not accept it. There are hundreds of displaced persons who have got their relatives in West Bengal, and they want to stay there. But they never want to be a permanent burden and liability on the Government. Only, they want work and shelter, and providing these things Government can do real good to these lakhs of refugees who have come here, being tortured in East Pakistan.

**Shri Ramachandra Ulaka** (Koraput): Sir, before I rise to support the demands for grants under the control of the Ministry of Industry, I offer my hearty thanks to you for giving me this chance to speak on this occasion. The Ministry has done successfully quite a good job during the year and its activities in all these years are most commendable. Industrial production, as is evident from the reports has increased from 7·6 in 1961 to 8 per cent in 1962 and 8·9 per cent in 1963. The production drive launched by the national productivity council has continued to give encouraging results and industrialsts are taking large interest..... (*Interruptions.*)

**Dr. Ranen Sen:** There is no quorum

**Shri Hari Vishnu Kamath:** Let us, for a change, have quorum.

**Mr. Deputy-Speaker:** The Bell is rung—now there is quorum.

**Shri Ramachandra Ulaka:** Industrialists are taking larger interest and wholeheartedly apply productivity techniques for improving their competitive position. The report shows the number of licences issued during the year 1962 was 1000 and odd; it is only 976 in 1963. So the policy adopted and the difficulties experienced in getting licences stand in the way of progress, in the way of our defence efforts also. So, I request the Government to be liberal at least in issuing licences to the persons for producing material for defence purposes. Looking to the capacity of the persons who make applications, Government should issue licences so that there will be more production and prices could come down. There will be more competition in our exports also.

Small-scale and cottage industries are going to play a very important part in our industrial development. The development of small-scale industries are progressively acquiring a prominent place in our developmental activities. People are taking initiative and small-scale industries are progressing well. The responsibility for the development of village industries which is vested with the Khadi Commission when discharged will help in relieving unemployment and under-employment in the rural areas. We have got a very good Chairman at present and he is a very able and efficient gentleman. He knows very well about the rural economy, and he knows the prevailing unemployment in the rural areas. Still, I request him to take concrete steps for the development of village industries in the rural areas.

Here, I will say something about my State, Orissa, particularly my district, Koraput. Orissa is a very backward State with regard to industries, when compared to other States like Mysore or Madras. I am not complaining and I am not jealous against the other States for the pros-

perity which they have attained at present, but I request the Government to take special steps for the most backward States like Orissa.

In this regard, I can say this much: that the Government should allot more funds for the underdeveloped States and see that the underdeveloped States come up equally with the developed States. What I see at present is the tall man is becoming taller and the short man is becoming still shorter. I do not say that the legs of the tall man should be cut off in order to bring the tall man equal to the height of the short man, but I can say that the short man should be given proper facilities to grow and become almost equal in height to the tall man. The object of my saying this is that the underdeveloped States should be given proper facilities and more funds should be allotted to them so as to see that they develop and become almost equal with the developed States.

In order to provide incentives and encouragement to the panchayat samitis, to put forth their best efforts and bring about all-round development of the villages and to create a healthy competition among the units, the Orissa Government have introduced a scheme of awarding prizes annually for the panchayat samitis on a competitive basis. Under the scheme, the prize-winning Panchayat Samiti will be located with a panchayat industry, a small project, costing not less than Rs. 1 crore. In a similar way, the prize-winning gram panchayat will be given a small industry to be located in the village, on a competitive basis. This is a very good scheme, but can we develop all these areas in the rural sector? I fear some panchayat samitis and gram panchayats will remain as it is due to their inefficiency or otherwise. So, I suggest that the Government should establish at least one industrial project in each and every panchayat samiti and one small-scale industry in each gram panchayat. Due to the limited resources of the State Government, Orissa cannot do this job. So, I request the Central Government to allot more funds for this purpose and see that more panchayat samiti industries and small scale industries are established in the State of Orissa.

The Orissa Government is going to rehabilitate a large number of East Pakistan and Tibetan refugees in the Koraput district and the Ganjam district. We have no sufficient land to distribute and engage these refugees who will come in future. So, we must give them some suitable jobs and establish more industries in the Koraput and Ganjam districts. In this regard, I request the Government also to allot additional funds to the State Government and try to establish as many industries as possible in the State of Orissa for the refugees.

Another point I would like to deal with is with regard to the cement factory. At present we have got one cement factory in Orissa, and another factory has been licensed near Hirakud during the year 1962-63. Previously there was a proposal to establish two cement factories in Koraput district, but later on this proposal was revised and the Government proposed to establish one factory in Koraput district. When I asked about the progress of this proposal in my question on 13-3-1964, the hon. Minister replied in answer to my question that the cement factory scheme from the Koraput district has been given up by the applicant. I do not know the reason why the scheme has been given up by the applicant. But I request the Government not to give up the scheme for ever but try to establish at least one cement factory in the public sector. The proposal for the establishment of a new cement factory at Birmitrapur may also be expedited. By establishing

[Shri Ramachandra Ulaka]

these new cement factories, we will not only provide suitable employment potential to the people of Orissa, but the cement requirements in our country will also be met by the new cement factories.

Handloom industry is a very important cottage industry, in almost all the States. So, Government should give sufficient encouragement so as to give employment to lakhs of weavers. The quality should be improved in order to make handloom products competitive in export.

Coming to handicrafts industry, our handicrafts are very important. So, handicrafts industry in every State should be developed. Government should organise more cooperative societies in order to rehabilitate the goldsmiths who are displaced due to the Gold Control Order. The activities of the All India Handicrafts Board in the sphere of development of handicrafts are most commendable.

I have seen some village industries organised by the Khadi Commission in my State lying almost idle. Some village industries which are functioning and doing a good job are not encouraged by the Government. For example, there is one village industry—hand-made paper mill—in my own village of Kalyansinghpur established by the Khadi Commission. It produces very good quality of paper, but nobody is there to purchase it. So, I would request the Government to see that the village industries which are lving idle are made to work and to see that the industries which are already functioning are encouraged by the public and by the Government.

With these few words, I thank you for giving me this opportunity to speak.

**Mr. Deputy-Speaker:** The hon. Members may now move their cut motions relating to the Demands under the Ministry of Industry, subject to their being otherwise admissible.

**श्री राम सेवक यादव** (बाराबंकी) : मैं प्रस्ताव करता हूं

"कि उद्योग मंत्रालय शीर्ष के अन्तर्गत मांग में १०० रुपये की कटौती कर दी जाए" [विभिन्न सरकारी उपक्रमों के कर्मचारियों के वेतनों में असमानता (३)]

"कि उद्योग मंत्रालय शीर्ष के अन्तर्गत मांग में १०० रुपये की कटौती कर दी जाए" गैर-सरकारी उद्योग के राष्ट्रीयकरण तथा सामाजीकरण की आवश्यकता (६)]

**Shri S. M. Banerjee** (Kanpur): I beg to move:

"That the demand under the head Industries be reduced by Rs. 100."

[*Powerloom industry and its difficulties vis-a-vis the cotton textile mills* (9)].

**श्री राम सेवक यादव** : मैं प्रस्ताव करता हूं :

"कि उद्योग शीर्ष के अन्तर्गत मांग में १०० रुपये की कटौती कर दी जाए" [कुटीर उद्योगों को सहायता देने की आवश्यकता (१०)]

**Shri S. M. Banerjee:** I beg to move:

"That the demand under the head other Revenue Expenditure of the Ministry of Industry be reduced by Rs. 100."

[*Delay in the presentation of the Report of the Powerloom Enquiry Committee and the effect of the same on the powerloom industry* (11)].

**Shri Dinen Bhattacharya:** I beg to move:

"That the demand under the head Ministry of Industry be reduced to Re. 1."

[*Failure to implement the Industrial Policy Resolution* (13)].

"That the demand under the head Ministry of Industry be reduced to Re. 1."

[*Failure to give protection and encouragement to rural industries* (14)].

**Shri Krishnapal Singh** (Jalesar): I beg to move:

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Top heavy administration* (15)].

**Shri Dinen Bhattacharya:** I beg to move:

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Need to supply adequate quantity of yarn to the handloom weavers of West Bengal* (16)].

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Need to give adequate financial help to the silk printing industries of West Bengal* (17)].

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Need to give protection to the small scale belting factories of West Bengal* (18)].

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Need to build more small scale and big industries for the employment of displaced persons from East Pakistan* (19)].

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Need to supply adequate raw materials to the small scale Engineering industries* (20)].

"That the demand under the head Ministry of Industry be reduced by Rs. 100."

[*Need to give proper financial help and marketing facilities to brass metal cottage industries* (21)].

**Shri Krishnapal Singh:** I beg to move:

"That the demand under the head Industries be reduced by Rs. 100."

[*Unsatisfactory arrangements for development of small scale industries in rural areas* (22)].

**Mr. Deputy-Speaker:** These cut motions are now before the House.

**Shri V. B. Gandhi** (Bombay Central South): Mr. Deputy-Speaker, Sir, we all know that the scheme of things today in this country is that the Industry Ministry is the guardian Ministry for all industries, both large and small. It is to this Ministry that industries look up for help, for protection and for taking steps for their growth and expansion. It is also the policy of this Government that industries with large employment potential should be particularly taken care of and encouraged, and the Government should be all the more solicitous when employment of the self-employed kind is concerned. I am going to refer to one such industry—the largest kind of self-employment kind in this country....

**Mr. Deputy-Speaker:** He may continue tomorrow.

**17.30 hrs.**

## RELEASE OF MEMBER

**Mr. Deputy-Speaker:** I have to inform the House that the Speaker has received the following letter, dated the 30th March, 1964, from the Superintendent of Sub-Jail, Cuddapah:—

"Shri Y. Easwara Reddy, Member, Lok Sabha, convicted and sentenced to simple imprisonment for one week under Section 143, Indian Penal Code, and simple imprisonment for one week under Section 147, Indian Penal Code, to run concurrently, was released from this Jail on the 28th March, 1964, on expiry of the sentence."

**17.32 hrs.**

*The Lok Sabha then adjourned till Eleven of the Clock on Friday, April 3, 1964/Chaitra 14, 1886 (Saka).*

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